

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000040265

**Entity Name:** ALPHA ROAD, LLC

**Current Principal Place of Business:**

1940 FLOWER TERRACE  
SEBRING, FL 33875

**Current Mailing Address:**

1940 FLOWER TERRACE  
SEBRING, FL 33875 US

**FEI Number: 82-0607859**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LAPADULA, SHERRI  
1940 FLOWER TERRACE  
SEBRING, FL 33875 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

|                 |                     |                 |                     |
|-----------------|---------------------|-----------------|---------------------|
| Title           | MGR                 | Title           | MBR                 |
| Name            | LAPADULA, RICHARD   | Name            | LAPADULA, CHERYL A  |
| Address         | 1940 FLOWER TERRACE | Address         | 1940 FLOWER TERRACE |
| City-State-Zip: | SEBRING FL 33875    | City-State-Zip: | SEBRING FL 33875    |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CHERYL A LAPADULA**

**MBR**

**01/02/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date