

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000214407

**Entity Name:** ALPHA LIFE INVESTMENTS LLC

**Current Principal Place of Business:**

3500 MYSTIC POINTE DRIVE  
# 601  
AVENTURA, FL 33180

**Current Mailing Address:**

3500 MYSTIC POINTE DRIVE  
# 601  
AVENTURA, FL 33180 US

**FEI Number:** 82-4022224

**Certificate of Status Desired:** Yes

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

PANDOLFI, ORLANDO  
8546 PALM PKWY  
# 569  
ORLANDO, FL 32836 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            AR  
Name            PANDOLFI, ORLANDO  
Address        8546 PALM PKWY . # 569  
City-State-Zip: ORLANDO FL 32836

Title            AMBR  
Name            FAR INVESTMENTS LTD.  
Address        BOURBON HOUSE, BOURBON  
                  STREET P.O.BOX 1695  
City-State-Zip: CASTRIES, SAINT LUCIA 04 10-1

*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:** ORLANDO PANDOLFI

AR

02/18/2019

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

\_\_\_\_\_  
Date