

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000081840

**Entity Name:** ALPHA ATLANTICA, LLC

**Current Principal Place of Business:**

7512 DR. PHILLIPS BLVD  
SUITE 50-222  
ORLANDO, FL 32819

**Current Mailing Address:**

7512 DR. PHILLIPS BLVD  
SUITE 50-222  
ORLANDO, FL 32819 US

**FEI Number:** 83-3839868

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC  
3030 N. ROCKY POINT DR.  
STE 150A  
TAMPA, FL 33607 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  
Name ABENINA, JULIUS A  
Address 7512 DR. PHILLIPS BLVD, SUITE 50-222  
City-State-Zip: ORLANDO FL 32819

Title MGR  
Name ESCALONA, ANGELICA M  
Address 7512 DR. PHILLIPS BLVD, SUITE 50-222  
City-State-Zip: ORLANDO FL 32819

*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:** JULIUS ABENINA

03/06/2019

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

\_\_\_\_\_  
Date