

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000267443

**FILED  
Mar 25, 2020  
Secretary of State  
3192452028CC**

**Entity Name:** ALPHA OMEGA CERTIFICATION SERVICE LLC

**Current Principal Place of Business:**

5103 IVYBROOK LANE  
LAKELAND, FL 33811

**Current Mailing Address:**

5103 IVYBROOK LANE  
LAKELAND, FL 33811

**FEI Number: 83-2590860**

**Certificate of Status Desired: No**

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

WEEKS, TRACY R  
5103 IVYBROOK LANE  
LAKELAND, FL 33811 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 DAVIS, STEPHEN T  
Address 2741 HIGH RIDGE DRIVE  
City-State-Zip: LAKELAND FL 33812

Title MGR  
Name WEEKS, BRIAN D  
Address 5103 IVYBROOK LANE  
City-State-Zip: LAKELAND FL 33811

Title MGR  
Name WEEKS, TRACY R  
Address 5103 IVYBROOK LANE  
City-State-Zip: LAKELAND FL 33811

*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: BRIAN WEEKS**

**MANAGER**

**03/25/2020**

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

\_\_\_\_\_  
Date