

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000062805

**Entity Name:** ALPHA-PAC LLC

**Current Principal Place of Business:**

50989 HIGHWAY 27  
LOT #364  
DAVENPORT, FL 33897

**Current Mailing Address:**

50989 HIGHWAY 27  
LOT #364  
DAVENPORT, FL 33897 US

**FEI Number:** 83-4057947

**Certificate of Status Desired:** No

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

FAIL SAFE ACCOUNTING LLC  
20 SOUTH ROSE AVENUE  
SUITE 4  
KISSIMMEE, FL 34741 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 D' ALESSANDRO, PIERLUIGI  
Address 50989 HIGHWAY 27, LOT #364  
City-State-Zip: DAVENPORT FL 33897

*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:** D' ALESSANDRO , PIERLUIGI

MGR

04/30/2021

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

\_\_\_\_\_  
Date