

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000080831

Entity Name: GO JUICE ALPHA LLC

Current Principal Place of Business:

319 COLUMBUS AVE APT. EAST
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

319 COLUMBUS AVE APT. EAST
NEW SMYRNA BEACH, FL 32169 US

FEI Number: 83-4189561

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAIRMAN, NICHOLAS
319 COLUMBUS AVE APT. EAST
NEW SMYRNA BEACH, FL 32169 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 AMBR
Name FAIRMAN, NICHOLAS
Address 319 COLUMBUS AVE APT. EAST
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title AMBR
Name SMITH, DYLAN
Address 319 COLUMBUS AVE APT. EAST
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title AMBR
Name DUNPHY, MICHAEL
Address 315 N CAUSEWAY B #403
City-State-Zip: NEW SMYRNA BEACH FL 32169

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: NICHOLAS FAIRMAN

MGR

03/23/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date