

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000066713

**Entity Name:** ALPHABETA SOLUTIONS LLC

**Current Principal Place of Business:**

19333 COLLINS AVE  
#809  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

19333 COLLINS AVE  
APT 809  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 84-5074891

**Certificate of Status Desired:** No

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

KLYACHMAN, GALINA  
19333 COLLINS AVE APT 809  
SUNNY ISLES BEACH, FL 33160 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	Title	MGR
Name	KLYACHMAN, SHAWN	Name	KLYACHMAN, GALINA
Address	19333 COLLINS AVE APT 809	Address	19333 COLLINS AVE APT 809
City-State-Zip:	SUNNY ISLES BEACH FL 33160	City-State-Zip:	SUNNY ISLES BEACH FL 33160

*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:** GALINA KLYACHMAN

**SECRETARY**

**01/31/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date