

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000165595

**Entity Name:** ALPHABAIT LLC

**Current Principal Place of Business:**

3205 EAST 10TH AVE., SUITE 1A  
HIALEAH, FL 33013-3507

**Current Mailing Address:**

PO BOX 133427  
HIALEAH, FL 33013-3427 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BAITINGER, DAVID  
3205 EAST 10TH AVE., SUITE 1A  
HIALEAH, FL 33013-3507 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 BAITINGER, DAVID  
Address 3205 EAST 10TH AVE., SUITE 1A  
City-State-Zip: HIALEAH FL 33013-3507

Title AMBR  
Name BAITINGER, BRENDA BLY  
Address PO BOX 133427  
City-State-Zip: HIALEAH FL 33013-3427

Title MANAGER  
Name ANALYTICS LLC  
Address PO BOX 133427  
City-State-Zip: HIALEAH FL 33013-3427

*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:** DAVID BAITINGER

AMBR

04/17/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date