

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000266996

**Entity Name:** ALPHA PARALOGISTICS, LLC

**Current Principal Place of Business:**

3613 NW 52ND TERRACE  
GAINESVILLE, FL 32606

**Current Mailing Address:**

3613 NW 52ND TER  
GAINESVILLE, FL 32606 US

**FEI Number:** 85-2686401

**Certificate of Status Desired:** No

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

MADAMBA, JOHN J  
3613 NW 52ND TERRACE  
GAINESVILLE, FL 32606 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 MADAMBA, JOHN JOHN  
Address 3613 NW 52ND TER  
City-State-Zip: GAINESVILLE FL 32606

*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:** JOHN JOHN MADAMBA

**MANAGER**

**02/25/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date