

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000404721

**Entity Name:** ALPHA FACILITIES MANAGEMENT SOLUTIONS, LLC

**Current Principal Place of Business:**

542194 US HWY 1  
CALLAHAN, FL 32011

**Current Mailing Address:**

PO BOX 496  
CALLAHAN, FL 32011 US

**FEI Number:** 87-2722925

**Certificate of Status Desired:** Yes

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

HALMAN, JOHNNY L JR  
44022 QUAIL RIDGE DR  
CALLAHAN, FL 32011 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            OWNER  
Name            HALMAN, JOHNNY L JR  
Address        44022 QUAIL RIDGE DR  
City-State-Zip: CALLAHAN FL 32011

*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:** JOHNNY L HALMAN JR.

**OWNER**

**01/03/2024**

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

\_\_\_\_\_  
Date