

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000257795

**Entity Name:** ALPHA FLEET TRANSIT LLC

**Current Principal Place of Business:**

3461 SW 2ND AVE, APT. #314  
GAINESVILLE, FL 32607

**Current Mailing Address:**

3461 SW 2ND AVE, APT.#314  
GAINESVILLE, FL 32607 US

**FEI Number:** 88-2764087

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
5575 S SEMORAN BLVD  
SUITE 36  
ORLANDO , FL 32822 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            SADHARI, PAULA  
Address        3461 SW 2ND AVE, APT. #314  
City-State-Zip: GAINESVILLE FL 32607

*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:** PAULA SADHARI

AMBR

04/29/2023

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

\_\_\_\_\_ Date