

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000422181

**Entity Name:** ALPHA BENEFITS CENTER LLC

**Current Principal Place of Business:**

18191 NW 68TH AVE  
SUITE 225  
HIALEAH, FL 33015

**Current Mailing Address:**

18191 NW 68TH AVE  
SUITE 225  
HIALEAH, FL 33015 US

**FEI Number:** 88-4133022

**Certificate of Status Desired:** No

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

BARRETO ESTRADA, DORIS  
12925 SW 28TH CT.  
MIRAMAR, FL 33027 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 BARRETO ESTRADA, DORIS  
Address 12925 SW 28TH CT.  
City-State-Zip: MIRAMAR FL 33027

*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:** DORIS BARRETO ESTRADA

MGR

04/02/2024

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

\_\_\_\_\_ Date