

2023 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
533 SW 110TH LANE
APT 204
PEMBROKE PINES, FL 33025 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 533 SW 110TH LANE
APT 204
City-State-Zip: PEMBROKE PINES 33025

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

04/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date