

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000457844

**Entity Name:** ALS CYBER LLC

**Current Principal Place of Business:**

9001 SENIOR WAY  
WEEKI WACHEE, FL 34613

**Current Mailing Address:**

9001 SENIOR  
WEEKI WACHEE, FL 34613

**FEI Number:** 92-0941015

**Certificate of Status Desired:** No

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

ALFORD, LYNN JR  
9001 SENIOR WAY  
WEEKI WACHEE, FL 34613 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 ALFORD, WARREN JR  
Address 9001 SENIOR WAY  
City-State-Zip: WEEKI WACHEE FL 34613

*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:** WARREN ALFORD

**MANAGER**

**03/17/2025**

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

\_\_\_\_\_  
Date