

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000315325

**Entity Name:** ALPHA BECK NP SOLUTIONS LLC

**Current Principal Place of Business:**

2211 NW FEDERAL HWY  
APT 1230  
STUART, FL 34994

**FILED**  
**Apr 23, 2024**  
**Secretary of State**  
**1478442793CC**

**Current Mailing Address:**

2211 NW FEDERAL HWY  
APT 1230  
STUART, FL 34994 US

**FEI Number:** 93-2230575

**Certificate of Status Desired:** No

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

BECK, ASHLEY  
2211 NW FEDERAL HWY  
APT 1230  
STUART, FL 34994 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            BECK, ASHLEY  
Address        2211 NW FEDERAL HWY APT 1230  
City-State-Zip: STUART FL 34994

*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:** BECK , ASHLEY

AMBR

04/23/2024

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

\_\_\_\_\_  
Date