# 2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# M1600002356

### Entity Name: ALPHA FACILITIES SOLUTIONS, LLC

### **Current Principal Place of Business:**

11530 N.W. MILITARY HWY., SUITE 300 SAN ANTONIO, TX 78231

## **Current Mailing Address:**

11530 N.W. MILITARY HWY., SUITE 300 SAN ANTONIO, TX 78231 US

## FEI Number: 26-0845867

### Name and Address of Current Registered Agent:

CLINCHARD, CHARLES H 939 WIMBLEDON MELBOURNE, FL 32940 US Mar 16, 2017 Secretary of State CC5877112706

FILED

Certificate of Status Desired: Yes

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	MD	Title	MD
Name	GARCIA, JOHN A	Name	GARCIA, JOHN A
Address	11503 NW MILITARY HWY, SUITE 300	Address	11503 NW MILITARY HWY, SUITE 300
City-State-Zip:	SAN ANTONIO TX 78231	City-State-Zip:	SAN ANTONIO TX 78231
Title	OPERATIONS DIRECTOR		
Name	GARCIA, KATHLEEN I		
Address	11530 N.W. MILITARY HWY., SUITE 300		
City-State-Zip:	SAN ANTONIO TX 78231		

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: KATHLEEN I. GARCIA

OPERATIONS DIRECTOR 03/16/2017

Electronic Signature of Signing Authorized Person(s) Detail