

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90059 024 ****50.00

DOCUMENT # L01000003253

1. Entity Name
ALPHA CLOSING AND COORDINATING SERVICES, LLC



Principal Place of Business
**18206 COLLINS AVENUE
SUNNY ISLES, FL 33160**

Mailing Address
**18206 COLLINS AVENUE
SUNNY ISLES, FL 33160**

24056827



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1085511

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLEIZER, HERNAN
18206 COLLINS AVENUE
SUNNY ISLES, FL 33160**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME GLEIZER, HERNAN
STREET ADDRESS 17878 N. BAY ROAD #303
CITY-ST-ZIP SUNNY ISLES, FL 33160

TITLE MGRM ☐ Delete
NAME GLEIZER, MARINA
STREET ADDRESS 17878 N. BAY ROAD #303
CITY-ST-ZIP SUNNY ISLES, FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME GLEIZER, HERNAN
STREET ADDRESS 18206 COLLINS AVE
CITY-ST-ZIP SUNNY ISLES FL 33160

TITLE MGRM ☒ Change ☐ Addition
NAME GLEIZER, MARINA
STREET ADDRESS 18206 COLLINS AVE
CITY-ST-ZIP SUNNY ISLES FL 33160

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4. 21. 04