

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L010000 10135**

1. Entity Name

ALTERNERGY LLC.

DO NOT WRITE IN THIS SPACE

FILED

02 NOV -1 AM 9:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2. Principal Place of Business

2491 NW TIMBERCREEK CIRCLE
Suite, Apt. #, etc.

3. Mailing Address

2491 NW TIMBERCREEK CIRCLE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FLORIDA

City & State

BOCA RATON, FLORIDA

4. FEI Number

65-1114298

Applied For
Not Applicable

Zip
33431

Country
US

Zip
33431

Country
US

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CRAIG FABEL

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

2491 NW TIMBERCREEK CIRCLE

City

BOCA RATON

FL

Zip Code
33431

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

CRAIG FABEL PRESIDENT

10/22/02
DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**CEO, PRESIDENT
CRAIG FABEL
2491 NW TIMBERCREEK CIRCLE
BOCA RATON, FL 33431**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

**200008757892
11/01/02--01054--006 **50.00**

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IN THIS SPACE**

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

10/22/02

Date

561-477-8085

Daytime Phone #

10/2

CR2E083B (12/01)

292

ALTERNERGY

2491 Timbercreek Circle
Boca Raton, FL 33431

Tel: 561.477.8085
Cell: 561.702.2121

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02 NOV -1 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 22, 2002

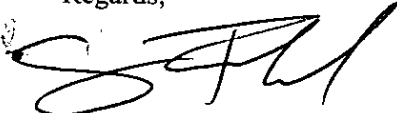
Department of State

This letter is to reference the change of address for Alternergy LLC., which includes the \$50.00 annual fee for compliance of registration. Due to the change of address this past winter, the Company did not receive the original notice.

NEW ADDRESS:

Alternergy, LLC
2491 NW Timbercreek Circle
Boca Raton, FL 33431
Phone: 561-477-8085

Regards,



Craig Fabel
Managing Partner