

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009422

Entity Name: ALPHA RESOURCES LLC

FILED
Mar 01, 2009
Secretary of State

Current Principal Place of Business:

5334 GREENSIDE CT
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

5334 GREENSIDE CT
ORLANDO, FL 32819 US

New Mailing Address:

P.O. BOX 6661
MIRAMAR BEACH, FL 32550 US

FEI Number: 82-0586712

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFITH, LARRY S
5334 GREENSIDE COURT
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GRIFFITH, LARRY S
Address: 5334 GREENSIDE CT.
City-St-Zip: ORLANDO, FL 32819 US

Title: MR. () Delete
Name: GRIFFITH, BRANDON E
Address: 45 MALEENA MESA ST. SUITE 418
City-St-Zip: HENDERSON, NV 89074

Title: MGRM (X) Delete
Name: GRIFFITH, BRANDON E
Address: 45 MALEENA MESA STREET, SUITE 418
City-St-Zip: HENDERSON, NV 89074

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: GRIFFITH, BRANDON E
Address: 5221 TIVOLI DR.
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: BRANDON GRIFFITH

MGRM

03/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date