

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000017008

Entity Name: ALPHA , LLC

**FILED**  
**Jan 29, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

11420 2ND STR. N  
ST.PETERSBURG, FL 33716

**New Principal Place of Business:**

2034 TANGLEWOOD DR NE  
ST.PETERSBURG, FL 33702

**Current Mailing Address:**

PO BOX 22782  
ST.PETERSBURG, FL 33742

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

VASSILEV, EVELINA V  
2034 TANGLEWOOD DR. NE  
ST. PETERSBURG, FL 33702 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: MGR ( ) Delete  
Name: VASSILEV, EVELINA V  
Address: 2034 TANGLEWOOD DR NE  
City-St-Zip: ST. PETERSBURG, FL 33702

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: EVELINA V VASSILEV MGR 01/29/2007

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