2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# L03000019185

Entity Name: ALPHA TECHNOLOGY GROUP, LLC

Current Principal Place of Business:

2704 REW CIRCLE
SUITE 105 E
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

2582 S MAGUIRE ROAD
335
OCOEE, FL 34761

New Mailing Address:

FEI Number: 43-2016242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ERIC, HYLICK MBA
2704 REW CIRCLE OCOEE
SUITE 105 E
OCOEE, FL 34761 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: HYLICK, ERIC S MBA
Address: 2704 REW CIRCLE SUITE 105 E
City-St-Zip: OCOEE, FL 34761

Title: MGR ( ) Delete
Name: HYLICK, SAKEISHA
Address: 2704 REW CIRCLE SUITE 105 E
City-St-Zip: OCOEE, FL 34761

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: HYLICK, SAKEISHA DR
Address: 2704 REW CIRCLE SUITE 105 E
City-St-Zip: OCOEE, FL 34761

Title: MGR ( ) Change (X) Addition
Name: WHITE, MOSEZELLE DR
Address: 2704 REW CIRCLE SUITE 105 E
City-St-Zip: OCOEE, FL 34761

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: ERIC S HYLICK MGRM 02/05/2009

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