

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041649

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: ALPHA OUTSOURCING SOLUTIONS,LLC

**Current Principal Place of Business:**

168 S.E 1 ST  
1002  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

168 S.E 1 ST  
1002  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 20-1375188      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

OSPINA, JUAN F  
8621 SW 137 AV  
MIAMI, FL 33183 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: BRICENO, PEGGY  
Address: 7280 NW 114 AV #204-8  
City-St-Zip: DORAL, FL 33178 US

Title: MGRM ( ) Delete  
Name: OSPINA, JUAN F  
Address: 8621 SW 137 AVENUE  
City-St-Zip: MIAMI, FL 33183 US

Title: MGR ( ) Delete  
Name: IGLESIAS, ISAIAS  
Address: 12865 S.W 21 STREET  
City-St-Zip: MIAMI, FL 33175 US

**ADDITIONS/CHANGES:**

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

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

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: JUAN OSPJNA

MGRM

04/28/2008

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