2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# L04000041649

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	(X) 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 OSPINA MNG 01/22/2009

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