

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065499

**FILED**  
**Mar 12, 2007**  
**Secretary of State**

**Entity Name:** ALPHA DESIGN SERVICES, LLC

**Current Principal Place of Business:**

1849 LAURENCE COURT  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

1849 LAURENCE COURT  
CLEARWATER, FL 33764

**New Mailing Address:**

**FEI Number:** 13-4337921

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEISER, WILLIAM L PRES  
1849 LAURENCE COURT  
CLEARWATER, FL 33764 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: WEISER, WILLIAM L PRES  
Address: 1849 LAURENCE COURT  
City-St-Zip: CLEARWATER, FL 33764

**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: WILLIAM L. WEISER

PRES

03/12/2007

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