

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000109077

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

**Entity Name:** ALPHA DIVERSIFIED ENTERPRISES, LLC

**Current Principal Place of Business:**

9348 NORTH US HWY 301  
WILDWOOD, FL 34785

**New Principal Place of Business:**

**Current Mailing Address:**

955 PRAIRIE RIDGE ROAD  
NORTH LIBERTY, IA 52317

**New Mailing Address:**

**FEI Number:** 20-5867639

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

THE MILLHORN LAW FIRM, LLC  
13710 US HWY 441  
SUITE 100  
THE VILLAGES, FL 32159 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  
**Name:** ARZU, RICARDO A  
**Address:** 955 PRAIRIE RIDGE ROAD  
**City-St-Zip:** NORTH LIBERTY, IA 52317

**Title:** MGRM  
**Name:** ARZU, YVETTE A  
**Address:** 4100 GALT OCEAN DR  
**City-St-Zip:** FORT LAUDERDALE, FL 33308

I hereby 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:** RICARDO A. ARZU

MM

02/23/2012

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