2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000119345

1. Entity Name
LIMA ALPHA, LLC

Principal Place of Business	Mailing Address
601 N. VICTORIA PARK ROAD FORT LAUDERDALE, FL 33304	601 N. VICTORIA PARK ROAD FORT LAUDERDALE, FL 33304

DO NOT WRITE IN THIS SPACE

02152008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-8106636	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LALLI, JOSEPH J
601 N. VICTORIA PARK ROAD
FORT LAUDERDALE, FL 33304

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000839736
03/06/08-80019-024 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	LALLI, JOSEPH
STREET ADDRESS	601 N. VICTORIA PK. RD.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	MGR
NAME	LALLI, JEANNE D
STREET ADDRESS	601 N. VICTORIA PK. RD.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ Jeanne D. Lalli   02-17-08   954-462-347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #