

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054758

Entity Name: ALPHA SOLUTIONS, LLC

FILED  
Apr 28, 2008  
Secretary of State

**Current Principal Place of Business:**

701 BRICKELL AVE., SUITE 1650  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

701 BRICKELL AVE., SUITE 1650  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 26-0228150

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MACINTER CORPORATION  
5227 4TH AVENUE CIRCLE EAST  
BRADENTON, FL 34208 US

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

PEREIRA, LUIS C MGR  
701 BRICKELL AVE  
SUITE 1650  
MIAMI, FL 33131 US

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: LUIS C PEREIRA

04/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DE PIEDRAHITA, JULIA EMILIANI  
Address: 701 BRICKELL AVE., SUITE 1650  
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Delete  
Name: PEREIRA, JUAN CARLOS  
Address: 701 BRICKELL AVE., SUITE 1650  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: PEREIRA, LUIS CARLOS  
Address: 701 BRICKELL AVE., SUITE 1650  
City-St-Zip: MIAMI, FL 33131

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: LUIS C PEREIRA

MGR

04/28/2008

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