

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054758

Entity Name: ALPHA SOLUTIONS, LLC

FILED
Mar 05, 2009
Secretary of State

Current Principal Place of Business:

701 BRICKELL AVE., SUITE 1650
MIAMI, FL 33131

New Principal Place of Business:

10773 NW 58 ST
SUITE 535
MIAMI, FL 33178

Current Mailing Address:

701 BRICKELL AVE., SUITE 1650
MIAMI, FL 33131

New Mailing Address:

10773 NW 58 ST
SUITE 535
MIAMI, FL 33178

FEI Number: 26-0228150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BELTRAN, ADELINA MGR
10907 NW 85 TER
MIAMI, FL 33178 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: ADELINA BELTRAN

03/05/2009

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, LUIS 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: BELTRAN, ADELINA
Address: 10907 NW 85 TER
City-St-Zip: MIAMI, FL 33178

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: ADELINA BELTRAN

MGM

03/05/2009

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