

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097050

FILED
Apr 30, 2009
Secretary of State

Entity Name: ALPHA FINANCIAL SOLUTIONS, LLC

Current Principal Place of Business:

1242 KINGSWAY ROAD, UNIT 39
% BROOKE LINDSAY
BRANDON, FL 33510

New Principal Place of Business:

1623 FLUORSHIRE DR.
BRANDON, FL 33511

Current Mailing Address:

P.O. BOX 834
BRANDON, FL 33509

New Mailing Address:

FEI Number: 37-1550970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDSAY, BROOKE
1242 KINGSWAY ROAD, UNIT 39
BRANDON, FL 33510 US

Name and Address of New Registered Agent:

LINDSAY, BROOKE
1623 FLUORSHIRE DR.
BRANDON, FL 33511 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: BROOKE R. LINDSAY

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LINDSAY, BROOKE
Address: P.O. BOX 834
City-St-Zip: BRANDON, FL 33509

Title: MGRM () Delete
Name: ROEBUCK, TANISHA L
Address: P.O. BOX 608662
City-St-Zip: ORLANDO, FL 32860

ADDITIONS/CHANGES:

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

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

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: BROOKE R. LINDSAY

PRES

04/30/2009

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