

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000032560

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: ALPHA GAMES, LLC

**Current Principal Place of Business:**

10775 NW 21ST ST  
# 180  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

10775 NW 21ST ST  
# 180  
DORAL, FL 33172

**New Mailing Address:**

FEI Number: 26-2290665

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SINNO, MAHER  
10775 NW 21ST ST.  
# 180  
DORAL, FL 33172 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 ( ) Delete  
Name: SINNO, MAHER  
Address: 10775 NW 21ST ST # 180  
City-St-Zip: DORAL, FL 33172

Title: MGR ( ) Delete  
Name: MULLER, ANDRE  
Address: 10775 NW 21ST ST #180  
City-St-Zip: DORAL, FL 33172

**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: MAHER SINNO

PRES

04/30/2009

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