

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 30, 2009  
Secretary of State**

DOCUMENT# L08000095100

Entity Name: ALPHA & OMEGA MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

800 NE 195TH STREET  
306  
NORTH MIAMI BEACH, FL 33179 US

**New Principal Place of Business:**

**Current Mailing Address:**

800 NE 195TH STREET  
306  
NORTH MIAMI BEACH, FL 33179 US

**New Mailing Address:**

FEI Number: 26-3502328      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RICARDI, DANIELA P  
800 NE 195TH STREET  
306  
NORTH MIAMI BEACH, FL 33179 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: RICARDI, JON A  
Address: 800 NE 195TH STREET, # 306  
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: MGRM ( ) Delete  
Name: RICARDI, DANIELA P  
Address: 800 NE 195TH STREET, #306  
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

**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: DANIELA P RICARDI

MGRM

04/30/2009

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