

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000044918

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** ALPHA OMEGA COMBATIVES, LLC

**Current Principal Place of Business:**

474 NW LAKE WHITNEY PL.  
PORT SAINT LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

474 NW LAKE WHITNEY PL.  
PORT SAINT LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 27-0383945

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OLSON, JAMES  
474 NW LAKE WHITNEY PL.  
PORT SAINT LUCIE, FL 34986 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:** PRES  
**Name:** OLSON, JAMES  
**Address:** 474 NW LAKE WHITNEY PL.  
**City-St-Zip:** PORT SAINT LUCIE, FL 34952

**Title:** VPS  
**Name:** OWEN, KURT  
**Address:** 1591 SE PORT SAINT LUCIE BLVD., SUITE D  
**City-St-Zip:** PORT SAINT LUCIE, FL 34952

**Title:** T  
**Name:** CROSBY, LINDA JO  
**Address:** 1591 SE PORT SAINT LUCIE BLVD., SUITE D  
**City-St-Zip:** PORT SAINT LUCIE, FL 34952

I hereby 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:** JAMES N. OLSON

PRES

01/06/2012

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