

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000103419

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** ALPHA WORLD ASSISTANCES LLC

**Current Principal Place of Business:**

8200 WEST HIALEAH GARDENS  
BAY 6  
HIALEAH GARDENS, FL 33018

**New Principal Place of Business:**

BMI BUILDING AT TOWN CENTER ONE  
8950 S.W. 74 CT.  
MIAMI, FL 33156

**Current Mailing Address:**

8200 WEST HIALEAH GARDENS  
BAY 6  
HIALEAH GARDENS, FL 33018

**New Mailing Address:**

BMI BUILDING AT TOWN CENTER ONE  
8950 S.W. 74 CT.  
MIAMI, FL 33156

**FEI Number:** 27-3605160

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILA DE LA ROCA, DANIEL  
20900 SHERIDAN STREET  
PEMBROKE PINES, FL 33332 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: MGR  
Name: MILA DE LA ROCA, DANIEL  
Address: 20900 SHERIDAN STREET  
City-St-Zip: PEMBROKE PINES, FL 33332

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: DANIEL MILA DE LA ROCA

MGR

02/17/2011

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