

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000124036

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** ALPHOMARI LLC

**Current Principal Place of Business:**

1091 CLYDESDALE  
LOXAHATCHEE, FL 33470 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 588  
INDIANTOWN, FL 34956 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

HANNAIAN ASSOCIATES  
13701 S. W. KANNER HWY  
INDIANTOWN, FL 34956 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: HANNAIAN ASSOCIATES  
Address: P.O. BOX 588  
City-St-Zip: INDIANTOWN, FL 34956 US

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: HANNAIAN ASSOCIATES                      MGR                      04/09/2012

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