

L17000058578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

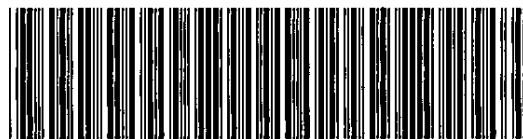
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 APR 19 PM 1:43

FILED

S Warren

APR 20 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 17, 2017

MARY L. WARREN  
1757 N. NOVA ROAD, SUITE 108A  
HOLLY HILL, FL 32117

SUBJECT: ALPHA REALTY GROUP, LLC  
Ref. Number: L17000058578

We have received your document for ALPHA REALTY GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 017A00007446

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Alpha Realty Group, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary L Warren

\_\_\_\_\_  
Name of Person

Alpha Realty Group, LLC

\_\_\_\_\_  
Firm/Company

1757 N. Nova Rd, Ste 108A

\_\_\_\_\_  
Address

Holly Hill, FL 32117

\_\_\_\_\_  
City/State and Zip Code

management@alpharealtygrp.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary L Warren

386

481-8929

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**MGR = Manager**  
**AMBR = Authorized Member**

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TALLAHASSEE, FLORIDA

**D. If attending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 9/19/, 2017.

Signature of a member or authorized representative of a member

Mary L Warren

Typed or printed name of signee

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**Filing Fee: \$25.00**

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