

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L93000000305 1. Entity Name ALPHA TEN LIMITED COMPANY					
Principal Place of Business 10936 N 56TH STREET SUITE 202 TEMPLE TERRACE FL 33617			Mailing Address 10936 N 56TH STREET SUITE 202 TEMPLE TERRACE FL 33617		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3199764	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent WILLIAM, BELVA 10936 N. 56TH ST. SUITE 202 TEMPLE TERRACE FL 33617				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable			DATE 000000410107 02/09/06-80023-012 50.00		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BELVA WILLIAMS INC. 10936 56TH STREET #202 TEMPLE TERRACE FL 33617	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MR PROFESSIONAL REHAB INC. 806 W. COLUMBUS DR. TAMPA FL 33602	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Belva Williams</i> Belva Williams 1-26-06 813-981-2851					