

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000124036

Entity Name: ALPHOMARI LLC

Current Principal Place of Business:

1091 CLYDESDALE
LOXAHATCHEE, FL 33470

Current Mailing Address:

P.O. BOX 588
INDIANTOWN, FL 34956 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HANNAIAN ASSOCIATES
13701 S. W. KANNER HWY
INDIANTOWN, FL 34956 US

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

Authorized Person(s) Detail :

Title MGR
Name HANNAIAN ASSOCIATES
Address P.O. BOX 588
City-State-Zip: INDIANTOWN FL 34956

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HANNAIAN ASSOCIATES

MGR

04/18/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date