

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000012716

Entity Name: ALPHA GAMMA SUPPLY, LLC

Current Principal Place of Business:

11471 LAKESIDE DRIVE
SUITE 5203
DORAL, FL 33178

Current Mailing Address:

11471 LAKESIDE DRIVE
SUITE 5203
DORAL, FL 33178 US

FEI Number: 27-4705782

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROVERSI, MANUEL A
11471 LAKESIDE DRIVE
SUITE 5203
DORAL, FL 33178 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	MGRM	Title	MGR
Name	ROVERSI, MANUEL A	Name	ROVERSI, AMANDA
Address	11471 LAKESIDE DRIVE SUITE 5203	Address	11471 LAKESIDE DRIVE SUITE 5203
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

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: MANUEL ROVERSI

GENERAL MANAGER

04/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date