

**2014 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:** Yes

**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 A ROVERSI

MGRM

04/21/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date