I hereby certify that the information indicated on this report or supplemental report is true and accur oath; that I am a managing member or manager of the limited liability company or the receiver or true		
that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: ANNE GAUDREE	CFO	03/11/2015

I

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

GAUDREE, JEAN P 1730 N. FEDERAL HIGHW BOYNTON BEACH, FL 33

The above named entity subm

SIGNATURE:

Authorized Person(s) Detail : Title Title V V Name GAUDREE, ANNE Name HOWE, LISA 1730 N FEDERAL HWY Address Address 1730 NORTH FEDERAL HWY City-State-Zip: BOYNTON BEACH FL 33435 City-State-Zip: BOYNTON BEACH FL 33435

### 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L1200000531

Entity Name: ALBERTA ASSOCIATES LLC

# **Current Principal Place of Business:**

1730 N. FEDERAL HIGHWAY BOYNTON BEACH, FL 33435

## **Current Mailing Address:**

1730 N. FEDERAL HIGHWAY BOYNTON BEACH. FL 33435

## FEI Number: 65-0800037

L HIGHWAY H, FL 33435 US	
ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	
Electronic Signature of Registered Agent	-
erson(s) Detail :	

### FILED Mar 11, 2015 Secretary of State CC8126656723

Date

Certificate of Status Desired: No

Date