

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000180019

**Entity Name:** ALPHA BUSINESS SERVICES LLC

**Current Principal Place of Business:**

244 2ND AVENUE N, SUITE 9  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

244 2ND AVENUE N, SUITE 9  
ST. PETERSBURG, FL 33701

**FEI Number:** 47-5402407

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS INC.  
3030 N. ROCKY POINT DR.  
SUITE 150A  
TAMPA, FL 33607 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 WONG, TONY  
Address 244 2ND AVENUE N, SUITE 9  
City-State-Zip: ST. PETERSBURG FL 33701

*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:** TONY WONG

**MANAGER**

**03/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date