

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000299656

**Entity Name:** ALPHA SECURITY PROTECTION LLC

**Current Principal Place of Business:**

6220 S. ORANGE BLOSSOM TRAIL  
187  
ORLANDO, FL 32809

**Current Mailing Address:**

6220 S. ORANGE BLOSSOM TRAIL  
187  
ORLANDO, FL 32809 US

**FEI Number:** 84-5052531

**Certificate of Status Desired:** No

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

ALPHACALIBRE SERVICES LLC  
6220 S. ORANGE BLOSSOM TRAIL  
187  
ORLANDO, FL 32809 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 ALPHACALIBRE SERVICES, LLC  
Address 6220 S. ORANGE BLOSSOM TRAIL,  
SUITE 187  
City-State-Zip: ORLANDO FL 32809

*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:** JAIME R. MATOS

**MANAGER**

**01/30/2023**

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

\_\_\_\_\_  
Date