

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000167317

**Entity Name:** ALFA-X ENTERPRISE LLC

**Current Principal Place of Business:**

5303 ARCHSTONE DR  
APT 305  
TAMPA, FL 33634

**Current Mailing Address:**

5303 ARCHSTONE DR  
APT 305  
TAMPA, FL 33634 US

**FEI Number:** 85-2001298

**Certificate of Status Desired:** Yes

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

PIERRE-VICTOR, DUDITH  
5303 ARCHSTONE DR  
APT 305  
TAMPA, FL 33634 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, AUTHORIZED MEMBER  
Name JEAN, NIGHT S  
Address 5303 ARCHSTONE DR  
APT 305  
City-State-Zip: TAMPA FL 33634

Title AP  
Name PIERRE-VICTOR, DUDITH  
Address 5303 ARCHSTONE DR, APT 305  
City-State-Zip: TAMPA FL 33634

*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:** DUDITH PIERRE-VICTOR

RA

03/14/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date