

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000336098

Entity Name: ALPHAX MANAGEMENT, LLC

Current Principal Place of Business:

2535 GARDEN PLUM PLACE
ODESSA, FL 33556

Current Mailing Address:

2535 GARDEN PLUM PLACE
ODESSA, FL 33556

FEI Number: 85-3735747

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOVELACE, NICHOLAS
2535 GARDEN PLUM PLACE
ODESSA, FL 33556 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	AMBR	Title	AMBR
Name	LOVELACE, NICHOLAS	Name	RICHARDS, NICHOLE
Address	2535 GARDEN PLUM PLACE	Address	135 WILDLIFE TRAIL
City-State-Zip:	ODESSA FL 33556	City-State-Zip:	MADISON NC 27025

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: NICHOLAS LOVELACE

AMBR

01/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date