

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000413506

Entity Name: ALPHA SAFETY PROVIDERS, LLC

Current Principal Place of Business:

3530 AVION WOODS CT.
302
NAPLES, FL 34104

Current Mailing Address:

1571 BUNKER DR.
CHESTERTON, IN 46304 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PALOMBIZIO, AUSTIN T ESQ.
210 22ND AVE NE
7
SAINT PETERSBURG, FL 33704 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	PALOMBIZIO, KYRON J	Name	PALOMBIZIO, ROBIN R
Address	3530 AVION WOODS CT. UNIT 302	Address	3530 AVION WOODS CT. UNIT 302
City-State-Zip:	NAPLES FL 34104	City-State-Zip:	NAPLES FL 34104

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: KYRON J. PALOMBIZIO

AMBR

04/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date