

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000000104

**Entity Name:** SAN ALPHA LLC

**Current Principal Place of Business:**

350 EAST LAS OLAS BOULEVARD  
SUITE 1250  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

350 EAST LAS OLAS BOULEVARD  
SUITE 1250  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** NRAI SERVICES, INC.

04/06/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           BONWITT, GIL J.  
Address        350 EAST LAS OLAS BOULEVARD  
                  SUITE 1250  
City-State-Zip: FORT LAUDERDALE FL 33301

Title           MANAGER  
Name           SCHECK, STEVEN  
Address        350 EAST LAS OLAS BOULEVARD  
                  SUITE 1250  
City-State-Zip: FORT LAUDERDALE FL 33301

Title           MANAGER  
Name           SCHECK, MARTIN  
Address        350 EAST LAS OLAS BOULEVARD  
                  SUITE 1250  
City-State-Zip: FORT LAUDERDALE FL 33301

Title           MANAGER  
Name           SCHECK, JEFFREY  
Address        350 EAST LAS OLAS BOULEVARD  
                  SUITE 1250  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** JEFFREY SCHECK

MANAGER

04/06/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date