2003 LIMITED LIABILITY COMPANY

UN	NIFORM BUSINE	SS REPORT	r (L	JBR))							۶
DOCUMENT # L0200003621 1. Entity Name							F	LE	D			
ALLIANCE CONSTRUCTION, L.L.C.							1 NAL 80	6 AM	ll: 09	•		
Principal Piac	e of Business	Mailing Address				ECRETA	RY or	Q Tra				
PH2		2121 PONCE DE LEON BLVD. PH2 CORAL GABLES FL 33134				IA	ECRETA LEAHAS	SEE, F	LORID	Ā		
2. Principal Place of Business		3. Mailing Address				lli dil falle light				PA) 01 180		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES							
City & State		City & State			4. FEI Num	ber 299	852	/		pplied For ot Applicable	e	
Zip	Country	Zip Count		ntry			te of Status De		D \$	55.00 Ad		7
	6. Name and Address of Current F	Registered Agent	stered Agent Name				7. Name and Address of New Registered Agent					
	FE, LEON J											_
	PONCE DE LEON BLVD.	Street Address ((P.O. Box Number is Not Acceptable)							
PH2	AL GABLES FL 33134										1	
CON	AL GABLES FL 33 134			City			roo or	וני טדי	FL	Zip Cod	le	-
the obligati	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registere	d Agent signal	ture required	when reinstating)	oth, in the Sta	e or Fiorida	DATE	miliar with,	and accept	
		Make Check Payable Due	to Fi By Ma	orida De ay 1, 200	partmen 3	it of State						
9.	MANAGING MEMBER		10.	•			ADDI	TIONS/CH	ANGES			4
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			JL Hold 2121 P	0072584 ding Corp. once de Lec Gables, FL 3	n Blvd, PH			Change	Addition	CR2E083 (10/02)
TITLE ' NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			2121 P	0022744 erests, Inc once de Leo Sables, FL 3		, , , , , , , , , , , , , , , , , , ,	[Change	Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			M3, (2121		eon Blvd, PH . 33134	l .]	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			MSM 2121	000011765 I, Inc. Ponce de L I Gables, FL	eon Bivd, PH 33134		[☐ Change	Addition	
TITLE NAME STREET ADDRESS	· · · ·	☐ Delete	TITLE NAME STREE				• • • • • • • • • • • • • • • • • • • •	·	[Change	Addition	

 I hereby certify that the information indicated on this report is true and limited liability company or the received. upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information could be and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the very or this stee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: 5

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Date

M THOMAS

Daytime Phone #

☐ Change

Addition