2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/1

FILED
Mar 25, 2008 8:00 am
Secretary of State

02-18-2008 90075 016 ***138.75

30002768

02062008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000004625

1. Entity Name
ALC-JACKSONVILLE, LLC

Principal Place of Business
12058 SAN JOSE BLVD.
1003
JACKSONVILLE, FL 32223 US

Mailing Address
24555 HALLWOOD COURT
FARMINGTON HILLS, MI 48335 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

4. FEI Number 20-8217773 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

~~KLINKE, CHELSEA~~
~~777 ARTHUR GODFREY ROAD~~
~~300~~
~~MIAMI BEACH, FL 33140~~

7. Name and Address of New Registered Agent

Name JACLYN ALFONSO

Street Address (P.O. Box Number is Not Acceptable) 777 ARTHUR GODFREY RD.

SUITE 300

City MIAMI BEACH FL Zip Code 33140

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	PIECUCH, KEVIN	
STREET ADDRESS	24555 HALLWOOD COURT	
CITY-ST-ZIP	FARMINGTON HILLS, MI 48335	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 2/01/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #