## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000050248

Entity Name: ALLIANCE NETWORK TEAM LLC

**FILED** Apr 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

633 NORTH KROME AVE. SUITE 6 633 NORTH KROME AV HOMESTEAD, FL 33030

STE 6

HOMESTEAD, FL 330306043 US

**Current Mailing Address:** New Mailing Address:

633 NORTH KROME AVE. SUITE 6 HOMESTEAD, FL 33030

FEI Number: 35-2343984 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

ROBINSON, ROLAND C ROBINSON, ROLAND C 633 NORTH KROME AVE. SUITE 3

633 NORTH KROME AVE. SUITE 3 HOMESTEAD, FL 33030 HOMESTEAD, FL 330306043 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: 04/30/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

CURRAN, JOHN Name: Name: Address: 633 NORTH KROME AVE. SUITE 6 Address: City-St-Zip: HOMESTEAD, FL 33030 US City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition

Name: RAMIREZ, MARIA C Name: HENSLEY, DAVID S

Address: 633 NORTH KROME AVE. SUITE 6 Address: 633 NORTH KROME AVE. SUITE 6 City-St-Zip: HOMESTEAD, FL 33030 US City-St-Zip: HOMESTEAD, FL 33030 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JOHN CURRAN **MGRM** 04/30/2009