## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L0200009402

Entity Name: ALLIANT CREDIT FACILITY ALP, LLC

## **Current Principal Place of Business:**

21600 OXNARD STREET, STE 1200 WOODLAND HILLS. CA 91367

## **Current Mailing Address:**

21600 OXNARD STREET, STE 1200 WOODLAND HILLS. CA 91367 US

# FEI Number: 51-0414920

Name and Address of Current Registered Agent:

HAMLIN, CURTIS D ESQ. PORGES, HAMLIN, KNOWLES, PROUTY, THOMPSON 1205 MANATEE AVENUE WEST BRADENTON, FL 34205 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

### Authorized Person(s) Detail :

Title	CEO
Name	HORWITZ, SHAWN
Address	21600 OXNARD STREET, STE 1200
City-State-Zip:	WOODLAND HILLS CA 91367

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: SHAWN HORWITZ	CEO	04/05/2019
Electronic Signature of Signing Authorized Person(s) Detail	Date	

FILED Apr 05, 2019 Secretary of State 7173077178CC

Certificate of Status Desired: No

Date