

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000045464

**Entity Name:** ALCANIZ CENTRE, LLC

**Current Principal Place of Business:**

21 S. TARRAGONA STREET  
102  
PENSACOLA, FL 32502

**Current Mailing Address:**

21 S. TARRAGONA STREET  
102  
PENSACOLA, FL 32502

**FEI Number:** 20-2788384

**Certificate of Status Desired:** Yes

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

LOVELL, WILLIAM AJR  
21 S. TARRAGONA STREET  
102  
PENSACOLA, FL 32502 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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title P  
Name LOVELL, ADRIAN  
Address 21 S. TARRAGONA STREET, STE 102  
City-State-Zip: PENSACOLA FL 32502

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:** ADRIAN LOVELL

**PRES**

**02/11/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date