

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000043111

**Entity Name:** ALDA & ASSOCIATES DUE DILIGENCE SERVICES, LLC

**Current Principal Place of Business:**

3651 FAU BOULEVARD  
SUITE 400  
BOCA RATON, FL 33431

**Current Mailing Address:**

15977 BRIER CREEK DR.  
SUITE 100  
DELRAY BEACH, FL 33446

**FEI Number:** 26-2494538

**Certificate of Status Desired:** No

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

FATER, DAVID H  
15977 BRIER CREEK DR.  
SUITE 100  
DELRAY BEACH, FL 33446 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 MR.  
Name FATER, DAVID H  
Address 3651 FAU BOULEVARD  
SUITE 400  
City-State-Zip: BOCA RATON FL 33431

Title MR.  
Name COHEN, RICHARD M  
Address 3651 FAU BOULEVARD  
SUITE 400  
City-State-Zip: BOCA RATON FL 33431

Title MR.  
Name BOHANNON, THOMAS J  
Address 3651 FAU BOULEVARD  
SUITE 400  
City-State-Zip: BOCA RATON FL 33431

*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:** DAVID H. FATER

**MANAGING MEMBER**

**03/01/2014**

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

\_\_\_\_\_  
Date