

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000023356

**Entity Name:** EXCELLENCE ALLIANCE, LLC

**Current Principal Place of Business:**

400 JACKSON STREET  
WILDWOOD, FL 34785

**Current Mailing Address:**

PO BOX 586  
WILDWOOD, FL 34785

**FEI Number:** 90-0453521

**Certificate of Status Desired:** No

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

DORN, ANITA J  
400 JACKSON STREET  
WILDWOOD, FL 34785 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:** ANITA J DORN

02/20/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name DORN, ANITA J  
Address 400 JACKSON STREET  
City-State-Zip: WILDWOOD FL 34785

Title DIRECTOR  
Name JONES, FREDDY DJR  
Address 400 JACKSON STREET  
City-State-Zip: WILDWOOD FL 34785

Title MGRM  
Name GRIFFIN, DANTRELL M  
Address 31809 SUNPARK CIR  
City-State-Zip: LEESBURG FL 34748

Title MANAGER  
Name DORN, CHARLES E  
Address 400 JACKSON STREET  
City-State-Zip: WILDWOOD FL 34785

*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:** ANITA J DORN

MANAGER

02/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date