

2014 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:

JENKINS, 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

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

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

Title MGRM
Name JONES, DANTRELL M
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 JENKINS

RA

04/04/2014

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date