

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000066820

**Entity Name:** ALS I, LLC

**Current Principal Place of Business:**

1855 GRIFFIN ROAD  
SUITE A-370  
DANIA BEACH, FL 33004

**Current Mailing Address:**

1855 GRIFFIN ROAD  
SUITE A-370  
DANIA BEACH, FL 33004 US

**FEI Number:** 46-1126606

**Certificate of Status Desired:** No

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

ALS MANAGEMENT SOLUTIONS, LLC  
1855 GRIFFIN ROAD  
SUITE A-370  
DANIA BEACH, FL 33004 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 ALS MANAGEMENT SOLUTIONS, LLC  
Address 1855 GRIFFIN ROAD  
SUITE A-370  
City-State-Zip: DANIA BEACH FL 33004

*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:** ALS MANAGEMENT SOLUTIONS

**REGISTER AGENT**

**04/14/2015**

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

\_\_\_\_\_  
Date