

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000026738

Entity Name: ALS ASSOCIATES, LLC

Current Principal Place of Business:

557 TROPHY TRAIL
LAWRENCEVILLE, GA 30044

Current Mailing Address:

557 TROPHY TRAIL
LAWRENCEVILLE, GA 30044

FEI Number: 46-2327003

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHIN, TAE
7680 UNIVERSAL BOULEVARD.
SUITE 198
ORLANDO, FL 32819 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 SPINELLI, KATHLEEN M
Address 557 TROPHY TRAIL
City-State-Zip: LAWRENCEVILLE GA 30044

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: KATHLEEN SPINELLI

MANAGER

02/20/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date