## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000052027

Entity Name: ALLIANCE SOLUTIONS MANAGEMENT, LLC

**Current Principal Place of Business:** 

3625 WEBBER STREET SARASOTA, FL 34232

**Current Mailing Address:** 

PO BOX 4255

SARASOTA, FL 34230 US

FEI Number: 35-2473219 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC 13302 WINDING OAK COURT SUITE A

TAMPA, FL 33612 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: CHEYENNE MOSELEY 04/29/2015

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title MGRM Title DIRECTOR OF OPERATIONS

Name ZSL GROUP, LLC Name KASPER, CHRISTI L

Address 3625 WEBBER STREET Address PO BOX 4255

City-State-Zip: SARASOTA FL 34232 City-State-Zip: SARASOTA FL 34230

Title DIRECTOR OF OPERATIONS

Name KASPER, CHRISTI L

Address PO BOX 4255

City-State-Zip: SARASOTA FL 34230

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: CHRISTI L KASPER DIRECTOR

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 29, 2015

**Secretary of State** 

CC7458002428

04/29/2015 Date