

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000051122

Entity Name: GROWTHCORP ALLIANCE, LLC

Current Principal Place of Business:

1925 E 2ND AVE
ATTN: DAVID ADAMS
TAMPA, FL 33605

Current Mailing Address:

PO BOX 3300
ATTN: DAVID ADAMS
TAMPA, FL 33601

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADAMS, DAVID W
1925 E 2ND AVE
ATTN: DAVID ADAMS
TAMPA, FL 33605 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 MMBR
Name THORN, JEFFREY
Address 4029 COFFEE ROAD
City-State-Zip: BAKERSVILLE CA 93308

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: JEFFREY THORN

MMBR

04/09/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date