

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000107645

**Entity Name:** ALLIANCE MULTIFAMILY FRAMING LLC

**Current Principal Place of Business:**

8272 VIA BELLA  
BOCA RATON, FL 33496

**Current Mailing Address:**

8272 VIA BELLA  
BOCA RATON, FL 33496

**FEI Number:** 47-3429551

**Certificate of Status Desired:** No

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

LEE, GEOFFREY B  
8272 VIA BELLA  
BOCA RATON, FL 33496 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	CEO	Title	CFO
Name	LEE, GEOFFREY B	Name	THAL, ALICE E
Address	8272 VIA BELLA	Address	8272 VIA BELLA
City-State-Zip:	BOCA RATON FL 33496	City-State-Zip:	BOCA RATON FL 33496

*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:** GEOFFREY LEE

CEO

04/10/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date