

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000118094

**Entity Name:** ALLEGIANT CONSULTING & MANAGEMENT SERVICES LLC

**Current Principal Place of Business:**

16 BUNTING DRIVE  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

16 BUNTING DRIVE  
CRAWFORDVILLE, FL 32327 US

**FEI Number:** 47-4541170

**Certificate of Status Desired:** Yes

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

DARRELL, WILLIAM E  
16 BUNTING DRIVE  
CRAWFORDVILLE, FL 32327 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            AMBR  
Name            DARRELL, WILLIAM E  
Address        16 BUNTING DRIVE  
City-State-Zip: CRAWFORDVILLE FL 32327

Title            MGR  
Name            DARRELL, SUSAN G  
Address        16 BUNTING DRIVE  
City-State-Zip: CRAWFORDVILLE FL 32327

*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:** WILLIAM E DARRELL

**PRESIDENT & CEO**

**01/03/2017**

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

\_\_\_\_\_  
Date