

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000120464

Entity Name: M & P ALLIANCE LLC**Current Principal Place of Business:**6383 WHISPERING OAKS DRIVE NORTH
JACKSONVILLE, FL 32277**Current Mailing Address:**1015 ATLANTIC BEACH BLVD. #134
ATLANTIC BEACH, FL 32233 US**FEI Number:** 45-3040843**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AHEARN, MICHAEL S
6383 WHISPERING OAKS DRIVE NORTH
JACKSONVILLE, FL 32277 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 | AHEARN, MICHAEL S |
| Address | 6383 WHISPERING OAKS DRIVE NORTH |
| City-State-Zip: | JACKSONVILLE FL 32277 |

| | |
|-----------------|-------------------------------------|
| Title | MGR |
| Name | AHEARN, PAMELA D |
| Address | 6383 WHISPERING OAKS DRIVE NORTH |
| City-State-Zip: | JACKSONVILLE FL 32277 |

| | |
|-----------------|-------------------------------------|
| Title | MGR |
| Name | AHEARN, MICHAEL P |
| Address | 6383 WHISPERING OAKS DRIVE NORTH |
| City-State-Zip: | JACKSONVILLE FL 32277 |

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: MICHAEL S AHEARN

MGR

04/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date