## **2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000000446

Entity Name: M & P ALLIANCE LLC

**Current Principal Place of Business:** 

1409 4TH STREET NORTH
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:** 

1409 4TH STREET NORTH

JACKSONVILLE BEACH, FL 32250

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AHEARN, MICHAEL S 1409 4TH STREET NORTH JACKSONVILLE BEACH, FL 32250 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.

Title

Name

Address
City-State-Zip:

**MGRM** 

AHEARN, PAMELA D

JACKSONVILLE BEACH FL 32240

PO BOX 49103

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Feb 28, 2013

**Secretary of State** 

CC6973800461

Authorized Person(s) Detail:

Title MGRM

WORW

Name AHEARN, MICHAEL S

Address PO BOX 49103

City-State-Zip: JACKSONVILLE BEACH FL 32240

IACKSON/III E BEACH EL 22240

Title MANAGING MEMBER
Name AHEARN, MICHAEL P
Address 8343 HOGAN ROAD

**APT.80** 

City-State-Zip: JACKSONVILLE FL 32216

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL S AHEARN

**MGRM** 

02/28/2013