

**2015 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M1200000446

**Entity Name:** M & P ALLIANCE LLC

**Current Principal Place of Business:**

1409 4TH STREET NORTH  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

1015 ATLANTIC BLVD  
# 134  
ATLANTIC BEACH, FL 32233-3313 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

AHEARN, MICHAEL S  
1015 ATLANTIC BLVD  
# 134  
ATLANTIC BEACH, FL 32233-3313 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:** MICHAEL S AHEARN

02/03/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name AHEARN, MICHAEL S  
Address 1015 ATLANTIC BLVD  
# 134  
City-State-Zip: ATLANTIC BEACH FL 32233-3313

Title MGRM  
Name AHEARN, PAMELA D  
Address 1015 ATLANTIC BLVD  
# 134  
City-State-Zip: ATLANTIC BEACH FL 32233-3313

Title MANAGING MEMBER  
Name AHEARN, MICHAEL P  
Address 1411 4TH STREET NORTH  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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

MGRM

02/03/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date