

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000003636

**Entity Name:** ALIANCE MANAGEMENT COMPANY, LLC

**Current Principal Place of Business:**

825 NORTHGATE BLVD  
SUITE #203  
NEW ALBANY, IN 47150

**Current Mailing Address:**

825 NORTHGATE BLVD  
SUITE #203  
NEW ALBANY, IN 47150 US

**FEI Number:** 35-2067968

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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	MANAGER	Title	MEMBER
Name	RAGAINS, J. CHANCE	Name	ANNE M. RAGAINS GIFT TRUST
Address	825 NORTHGATE BLVD SUITE #203	Address	825 NORTHGATE BLVD SUITE #203
City-State-Zip:	NEW ALBANY IN 47150	City-State-Zip:	NEW ALBANY IN 47150

*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:** RAGAINS , J. CHANCE

**MANAGER**

**03/02/2023**

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

\_\_\_\_\_  
Date