2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000000478

Entity Name: ALLIANCE FOR COUNTER NARCOTERRORISM, LLC

Current Principal Place of Business:

7315 N ATLANTIC AVE
CAPE CANAVERAL, FL 32920

Current Mailing Address:

7315 N ATLANTIC AVE
CAPE CANAVERAL, FL 32920

FEI Number: 46-1139460

FILED
Mar 26, 2015
Secretary of State
CC8822005456

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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	MGRM
Name	NOHMER, FREDERICK J
Address	7315 N ATLANTIC AVE
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	MGRM
Name	ROSENKRANZ, ROBERT
Address	7315 N ATLANTIC AVE
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	MGRM
Name	MCAREAVY, MICHAEL
Address	7315 N ATLANTIC AVE
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	MANAGER
Name	CRAIG, DAVID J.
Address	7315 N. ATLANTIC AVE
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	ASSISTANT SECRETARY
Name	TREPANIER, MICHELLE
Address	7315 N. ATLANTIC AVENUE
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	SECRETARY
Name	ALLINGTON, ALETA
Address	7315 N. ATLANTIC AVE
City-State-Zip:	CAPE CANAVERAL FL 32920

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: MICHELLE TREPANIER ASST. MANAGER 03/26/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date