

**2017 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 US**FEI Number:** 46-1139460**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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	SAMPLE, WILLIAM
Address	7315 N ATLANTIC AVE
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	MGRM
Name	BRYER, TODD
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	MONOKIAN, DUSTIN
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****ASSISTANT SECRETARY 02/23/2017**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date