

2018 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 | 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 |

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|-----------------|-------------------------|
| 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** 04/11/2018_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date