

**2014 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**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 JACKSON, DAVID W  
Address 7315 N ATLANTIC AVE  
City-State-Zip: CAPE CANAVERAL FL 32920

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 IZZO, PAUL  
Address 7315 N ATLANTIC AVE  
City-State-Zip: CAPE CANAVERAL FL 32920

Title SECRETARY  
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

*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: DAVID J. CRAIG****SECRETARY****04/23/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date