

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000010189

**Entity Name:** ALLIANCE RESORT GROUP LLC

**Current Principal Place of Business:**

5 MIRACLE STRIP LOOP  
SUITE 15  
PANAMA CITY BEACH, FL 32407

**Current Mailing Address:**

5 MIRACLE STRIP LOOP  
SUITE 15  
PANAMA CITY BEACH, FL 32407 US

**FEI Number:** 82-3198371

**Certificate of Status Desired:** No

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

JONES, MATTHEW  
5 MIRACLE STRIP LOOP STE 15  
PANAMA CITY BEACH, FL 32407 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 JONES, MATTHEW  
Address 5 MIRACLE STRIP LOOP  
STE 15  
City-State-Zip: PANAMA CITY BEACH FL 32407

*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:** MATTHEW JONES

**OWNER**

**01/22/2020**

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

\_\_\_\_\_  
Date