F19000001647

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,,,,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





900327952229

04/17/19--01020--003 **43.75





COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: ALLIANCE INDUSTRED Name of Corpor DOCUMENT NUMBER: F1900001	LIES LIMITED CORPORATION
DOCUMENT NUMBER: F1900001	647
The enclosed Affidavit by Foreign Corporation to Change/submitted for filing.	
Please return all correspondence concerning this matter to the	ne following:
SAMEER KHOSLA Name of Contact Person	
ALLIANCE INDUSTRIES LIMITED CON	RPORATION
300 SEVICIA AVE, SUITE 204	PR T
CORAC GABLES FL 33134 City/State and Zip Code	
Sameer Khosla 03@gmail. com E-mail address: (to be used for future annual report notificat	ion)
For further information concerning this matter, please call:	
ASHOK KHOSLA at (267 Name of Contact Person Area Code &	312 - 2757 R Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmen	t of State for the following amount:
Certificate of Status Certifie	Filing Fee & d Copy onal copy is ed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Amendment Section Amend Division of Corporations Divisio	Address: ment Section n of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314





AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

	it appears on the records of the Florida Department of State is:
 This entity was authorized to transact be number is <u>F190000164</u> This corporation was formed under the 	usiness in Florida on 04/03/19 and its Florida document Laws of GIBRALTAR
4. The name and address of each officer a	nd/or director is as follows:
Title: C, P	Name and Address ASHOK KUMAR KHOSLA 300 SEVILLA AVE SUITE 201 CORAL GABLES, FL 33134
<u>VP</u>	SAMEER KHOSLA 300 SEVILLA AVE SUITE 204 CORAL GABLES, FL 33134
	
Scherffle (Attach ad	ditional pages if necessary) VICE PRESIDENT
Signature of an officer or director	Title of person signing
SAMEER KHOSLA Typed or printed name of person signing	FILING FEE \$35

Make checks payable to Florida Department of State and Mail to: Division of Corporations PO Box 6327 Tallahassee, FL 32314

CR2E127 (8/08)