

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90039 028 \*\*\*\*50.00

DOCUMENT # L02000027296

1. Entity Name

Alternative Living Resources, L.C.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1401 S. Federal Highway

3. Mailing Address

1401 S. Federal Highway

Suite, Apt. #, etc.

501

Suite, Apt. #, etc.

501

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

4. FEI Number

510432675

Applied For

Not Applicable

Zip

33432

Country

US

Zip

33432

Country

US

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Tanya E. Greiner

Street Address (P.O. Box Number is Not Acceptable)

65 SE Spanish Trail, Suite 103

City Boca Raton

FL

Zip Code  
33432

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
Managing Member	Kyle Steven McQuagge	1401 S. Federal Highway, suite 501	Boca Raton, FL 33432
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-10-03

Date

561-361-6711

Daytime Phone #

CR2E083B (12/02)