

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000002681

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** ALLIANCE INVESTMENT GROUP, LLC

**Current Principal Place of Business:**

4627 NW 53RD AVENUE  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

**Current Mailing Address:**

4627 NW 53RD AVENUE  
GAINESVILLE, FL 32653

**New Mailing Address:**

**FEI Number:** 02-0669099

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SARANTOS, KATHERYN  
4627 NW 53RD AVENUE  
GAINESVILLE, FL 32653 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SARANTOS, KATHERYN  
**Address:** 4627 NW 53RD AVENUE  
**City-St-Zip:** GAINESVILLE, FL 32653

**Title:** MGRM  
**Name:** MAS, OLGA  
**Address:** 4627 NW 53RD AVENUE  
**City-St-Zip:** GAINESVILLE, FL 32653

**Title:** MGRM  
**Name:** WHITE, CARLA  
**Address:** 4627 NW 53RD AVENUE  
**City-St-Zip:** GAINESVILLE, FL 32653

**Title:** MGRM  
**Name:** MASSIAS, MICHELLE MD  
**Address:** 4627 NW 53RD AVE  
**City-St-Zip:** GAINESVILLE, FL 32653

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** KATHERYN SARANTOS, MD

D

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date