

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000043824

1. Entity Name

ALLIANCE SATCOM LLC



Principal Place of Business

8840 HWY 78 W.  
OKEECHOBEE FL 32974

Mailing Address

8840 HWY 78 W.  
OKEECHOBEE FL 32974



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

58-2678126

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ST LAURENT, SUZANNE  
8840 HWY 78 W.  
OKEECHOBEE FL 32974

Name

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

City

**FL**

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME ST-LAURENT, LOUIS  
STREET ADDRESS 8840 HWY 78W  
CITY- ST- ZIP OKEECHOBEE FL 34974

☐ Change ☐ Addition  
U000000743938  
05/15/07-80128-018 50.00

TITLE MGRM ☐ Delete  
NAME ST-LAURENT, MICHAEL  
STREET ADDRESS 8840 HWY 78W  
CITY- ST- ZIP OKEECHOBEE FL 34974

☐ Change ☐ Addition

TITLE MGRM ☐ Delete  
NAME ST-LAURENT, SUZANNE  
STREET ADDRESS 8840 HWY 78W  
CITY- ST- ZIP OKEECHOBEE FL 34974

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

4/27/07

Date

Daytime Phone #