

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90045 007 ****50.00

DOCUMENT # L04000026918

1. Entity Name
ORION ALLIANCE, LLC



Principal Place of Business
**2447 BRIAR CREEK DRIVE
APOPKA, FL 32703**

Mailing Address
**2447 BRIAR CREEK DRIVE
APOPKA, FL 32703**

20067745



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08312005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
20-0979505

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**WILCOX, KAREN L
2447 BRIAR CREEK DRIVE
APOPKA, FL 32703**

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 *Karen L. Wilcox*
Signature, typed or printed name of registered agent and title if applicable.

Karen L. Wilcox

(NOTE: Registered Agent signature required when reinstating)

8/31/2005

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **WILCOX, KAREN L**
STREET ADDRESS **2447 BRIAR CREEK DRIVE**
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **SALADINO, JOSEPH A**
STREET ADDRESS **710 OAKLEAF TRAIL**
CITY-ST-ZIP **APOPKA, FL 32712**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **KIERSTEAD, BONNIE**
STREET ADDRESS **710 OAKLEAF TRAIL**
CITY-ST-ZIP **APOPKA, FL 32712**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Karen L. Wilcox* *Karen L. Wilcox*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #