

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026918

Entity Name: ORION ALLIANCE, LLC

FILED
Sep 11, 2008
Secretary of State

Current Principal Place of Business:

2447 BRIAR CREEK DRIVE
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

2447 BRIAR CREEK DRIVE
APOPKA, FL 32703

New Mailing Address:

FEI Number: 20-0979505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILCOX, KAREN L
2447 BRIAR CREEK DRIVE
APOPKA, FL 32703 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 () Delete
Name: WILCOX, KAREN L
Address: 2447 BRIAR CREEK DRIVE
City-St-Zip: APOPKA, FL 32703

Title: MGR () Delete
Name: SALADINO, JOSEPH A
Address: 710 OAKLEAF TRAIL
City-St-Zip: APOPKA, FL 32712

Title: MGR () Delete
Name: KIERSTEAD, BONNIE
Address: 710 OAKLEAF TRAIL
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: SALADINO, JOSEPH A
Address: 16142 EAGLE WATCH DRIVE
City-St-Zip: TAVARES, FL 32778

Title: MGR (X) Change () Addition
Name: KIERSTEAD, BONNIE
Address: 16142 EAGLE WATCH DRIVE
City-St-Zip: TAVARES, FL 32778

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: KAREN L. WILCOX

MGRM

09/11/2008

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