

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002561

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** ALLIANCE LLC

**Current Principal Place of Business:**

7065 WESTPOINTE BLVD.  
SUITE 319  
ORLANDO, FL 32835

**New Principal Place of Business:**

7065 WESTPOINTE BLVD.  
SUITE 318  
ORLANDO, FL 32835

**Current Mailing Address:**

P. O. BOX 618147  
ORLANDO, FL 32861

**New Mailing Address:**

FEI Number: 20-2151805

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DUDLEY, ADAM  
7065 WESTPOINTE BLVD  
SUITE 319  
ORLANDO, FL 32835 US

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

DUDLEY, ADAM  
7065 WESTPOINTE BLVD  
SUITE 318  
ORLANDO, FL 32835 US

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: \_\_\_\_\_

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DUDLEY, ADAM  
Address: 7065 WESTPOINTE BLVD SUITE 319  
City-St-Zip: ORLANDO, FL 32835

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DUDLEY, ADAM  
Address: 7065 WESTPOINTE BLVD SUITE 318  
City-St-Zip: ORLANDO, FL 32835

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: ADAM DUDLEY

MGR

04/30/2009

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