# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 04, 2006**
**Secretary of State**

DOCUMENT# L05000062326

**Entity Name:** ALLIANCE INTEGRATED SERVICES, LLC

**Current Principal Place of Business:**

5101 BRENWOOD STREET
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

5101 BRENWOOD STREET
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number: 20-3041346** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

COE, MARIA
5101 BRENWOOD STREET
SANFORD, FL 32771 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: MGR ( ) Delete
Name: COE, ROBERT
Address: 5101 BRENWOOD STREET
City-St-Zip: SANFORD, FL 32771

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MBR ( ) Change (X) Addition
Name: COE, MARIA
Address: 5101 BRENWOOD ST
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA COE MBR 01/04/2006

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