

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000117886

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** ALLIANCE WORKFORCE SOLUTIONS, LLC

**Current Principal Place of Business:**

2141 MAIN STREET  
SUITE B  
DUNEDIN, FL 34698

**New Principal Place of Business:**

5406 HOOVER BLVD.  
UNIT 7  
TAMPA, FL 33634

**Current Mailing Address:**

3661 W. HILLSBOROUGH AVE  
TAMPA, FL 33614

**New Mailing Address:**

5406 HOOVER BLVD.  
UNIT 7  
TAMPA, FL 33634

**FEI Number:** 20-3715277

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NARDELLO, SALVATORE  
3661 W. HILLSBOROUGH AVE  
TAMPA, FL 33614 US

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

NARDELLO, SALVATORE  
5406 HOOVER BLVD.  
UNIT 7  
TAMPA, FL 33634 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: SALVATORE NARDELLO

02/09/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: ROHRS, RODNEY B  
Address: 2141 MAIN STREET, SUITE B  
City-St-Zip: DUNEDIN, FL 34698

Title: PRES  
Name: NARDELLO, SALVATORE  
Address: 5406 HOOVER BLVD., UNIT 7  
City-St-Zip: TAMPA, FL 33634

I hereby 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: SALVATORE NARDELLO

PRES

02/09/2012

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