

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000118394

**Entity Name:** FALCON ALIGNMENT, LLC

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

7219 E BROADWAY AV  
TAMPA, FL 33619 US

**New Principal Place of Business:**

**Current Mailing Address:**

7219 E BROADWAY AV  
TAMPA, FL 33619 US

**New Mailing Address:**

**FEI Number:** 20-8102090

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LEOPARDI, CARLO  
7219 E. BROADWAY AVE  
TAMPA, FL 33619 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  
**Name:** DURAN, RAMON  
**Address:** 4215 BRUTTON RD  
**City-St-Zip:** PLANT CITY, FL 33565 US

**Title:** MGRM  
**Name:** LEOPARDI, CARLO  
**Address:** 10651 GRAND RIVIERE DR  
**City-St-Zip:** TAMPA, FL 33647 US

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:** CARLO LEOPARDI

MGRM

01/12/2010

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