

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000032413

Entity Name: ALLIANCE REALTY LLC

FILED
Oct 13, 2008
Secretary of State

Current Principal Place of Business:

1 FLORIDA PARK DR., N.,
STE.106
PALM COAST, FL 32137

New Principal Place of Business:

1 FLORIDA PARK DR., N.,
STE.107
PALM COAST, FL 32137

Current Mailing Address:

1 FLORIDA PARK DR., N.,
STE.106
PALM COAST, FL 32137

New Mailing Address:

1 FLORIDA PARK DR., N.,
STE.107
PALM COAST, FL 32137

FEI Number: 20-8737622 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHAGEYEVA, ELLA
47 EDITH POPE DR
PALM COAST, FL 32164 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: ELLA CHAGEYEVA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DRUZHENKO, KONSTANTIN
Address: 82 EDWARD DR.
City-St-Zip: PALM COAST, FL 32164

Title: MGRM () Delete
Name: CHAGEYEVA, ELLA
Address: 47 EDITH POPE DR.
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES:

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

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

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: ELLA CHAGEYEVA

MGRM

10/13/2008

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