

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000030505

Entity Name: ALLIANCE EQUITY, LLC

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

4015 CARROLLWOOD VILLAGE DRIVE
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

4015 CARROLLWOOD VILLAGE DRIVE
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 80-0164532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORES, ARMANDO III
7916 EVOLUTIONS WAY
SUITE 106
TRINITY, FL 34655 US

Name and Address of New Registered Agent:

FLORES, ARMANDO III
16911 NIKKI LANE
ODESSA, FL 33556 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:

01/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FLORES, ARMANDO
Address: 4015 CARROLLWOOD VILLAGE DRIVE
City-St-Zip: TAMPA, FL 33618 US

Title: MGRM () Delete
Name: FLORES, ARMANDO III
Address: 7916 EVOLUTIONS WAY, SUITE 106
City-St-Zip: TRINITY, FL 34655 US

Title: MGRM () Delete
Name: SHAW, MATTHEW B
Address: 7916 EVOLUTIONS WAY, SUITE 106
City-St-Zip: TRINITY, FL 34655 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: FLORES, ARMANDO III
Address: 16911 NIKKI LANE
City-St-Zip: ODESSA, FL 33556 US

Title: MGRM (X) Change () Addition
Name: SHAW, MATTHEW B
Address: 20537 AMBERFIELD DRIVE
City-St-Zip: LAND O' LAKES, FL 34638 US

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: ARMANDO FLORES

MGR

01/08/2009

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