

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000075503

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Entity Name:** CREDENCE ALLIANCE LLC

**Current Principal Place of Business:**

4449 LAKE CALABAY DRIVE  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

4449 LAKE CALABAY DRIVE  
ORLANDO, FL 32837 US

**New Mailing Address:**

4449 LAKE CALABAY DRIVE  
ORLANDO, FL 32837

**FEI Number:** 26-3138364

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TEWARI, ROJER S  
4449 LAKE CALABAY DRIVE  
ORLANDO, FL 32837 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:** TEWARI, ROJER S  
**Address:** 4449 LAKE CALABAY DRIVE  
**City-St-Zip:** ORLANDO, FL 32837 US

**Title:** MGRM  
**Name:** ADEDOYIN, JOSHUA A  
**Address:** 10043 SWEETLEAF STREET  
**City-St-Zip:** ORLANDO, FL 32827 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:** JOSHUA ADEDOYIN

MGRM

03/22/2011

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