

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000111582

FILED  
Jun 08, 2009  
Secretary of State

**Entity Name:** ALLIANCE INTERNATIONAL ENGINEERING GROUP, LLC

**Current Principal Place of Business:**

610 HOUSE WREN CIRCLE  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

610 HOUSE WREN CIRCLE  
PALM HARBOR, FL 34683

**New Mailing Address:**

FEI Number: 80-0338049      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

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

SIMPSON, KIMBERLY  
610 HOUSE WREN CIRCLE  
PALM HARBOR, FL 34683      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: SIMPSON, KIMBERLY  
Address: 610 HOUSE WREN CIRCLE  
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM      ( ) Delete  
Name: SIMPSON, DENNIS M  
Address: 610 HOUSE WREN CIRCLE  
City-St-Zip: PALM HARBOR, FL 34683

**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: KIMBERLY SIMPSON

MGRM

06/08/2009

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