

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000044674

Entity Name: CAPITAL ALLIANCE, LLC

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1001 SW 16TH AVE.  
#95  
GAINESVILLE, FL 32601 US

**New Principal Place of Business:**

5139 NW 21ST TERRACE  
GAINESVILLE, FL 32605 US

**Current Mailing Address:**

PO BOX 141723  
GAINESVILLE, FL 32614 US

**New Mailing Address:**

FEI Number: 26-4830435      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HARRINGTON, THOMAS  
1001 SW 16TH AVE.  
#95  
GAINESVILLE, FL 32601 US

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

HARRINGTON, THOMAS  
5139 NW 21ST TERRACE  
GAINESVILLE, FL 32605 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

04/26/2011

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HARRINGTON, THOMAS  
Address: 5139 NW 21ST TERRACE  
City-St-Zip: GAINESVILLE, FL 32605 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: THOMAS HARRINGTON

MR.

04/26/2011

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