

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000044880

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** ALLIANCE RECONSTRUCTION, LLC

**Current Principal Place of Business:**

101 GLADES RD., STE E  
BOCA RATON, FL 33432

**New Principal Place of Business:**

101 GLADES RD.,  
E  
BOCA RATON, FL 33432

**Current Mailing Address:**

101 GLADES RD., STE E  
BOCA RATON, FL 33432

**New Mailing Address:**

101 GLADES RD.,  
E  
BOCA RATON, FL 33432

**FEI Number:** 26-4830489

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GALANTE, JOSEPH  
101 GLADES RD., STE. E  
BOCA RATON, FL 33432 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: GALANTE, JOSEPH  
Address: 101 GLADES RD. STE. E  
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM  
Name: GALANTE, JOSEPH  
Address: 101 GLADES RD. STE. E  
City-St-Zip: BOCA RATON, FL 33432 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: JOSEPH GALANTE

P

04/19/2011

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