

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000011889

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** ALTER SYSTEM MANAGEMENT LLC

**Current Principal Place of Business:**

901 BRICKELL KEY BLVD., #1706  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

901 BRICKELL KEY BLVD., #1706  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DEREY, DESIRE  
901 BRICKELL KEY BLVD., #1706  
MIAMI, FL 33131 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:** SARL ALTER SYSTEM MANAGEMENT  
**Address:** 553 RUE SAINT PIERRE  
**City-St-Zip:** MARSEILLE, FRANCE 13012, XX

**Title:** MGR  
**Name:** DEREY, JOELLE  
**Address:** 901 BRICKELL KEY BLVD., #1706  
**City-St-Zip:** MIAMI, FL 33131

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:** DEREY JOELLE

MGR

04/24/2012

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