

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000095890

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** ALLIANCE FOR CHANGE LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

1499 WEST PALMETTO PARK ROAD  
STE 172  
BOCA RATON, FL 33486

**New Principal Place of Business:**

143 COCOPLUM LANE  
ROYAL PLAM BEACH, FL 33411

**Current Mailing Address:**

1499 WEST PALMETTO PARK ROAD  
STE 172  
BOCA RATON, FL 33486

**New Mailing Address:**

143 COCOPLUM LANE  
ROYAL PALM BEACH, FL 33411

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

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

CLAUD, DAVID A  
1499 WEST PALMETTO PARK ROAD  
STE 172  
BOCA RATON, FL 33486 US

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

CLAUD, DAVID A  
143 COCOPLUM LANE  
ROYAL PALM BEACH, FL 33411 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

01/06/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CLAUD, DAVID A  
Address: 143 COCOPLUM LANE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: DAVID A. CLAUD

MR.

01/06/2012

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