

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90004 002 ****50.00

DOCUMENT # M02000002408

1. Entity Name

ALUTIIQ MANAGEMENT SERVICES, LLC



Principal Place of Business

3201 C ST SUITE 700
ANCHORAGE AK 99503

Mailing Address

3201 C ST SUITE 700
ANCHORAGE AK 99503

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (4/04)

4. FEI Number

92-0170443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C-T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME KASER, DUSTY
STREET ADDRESS 3501 DENALI #101
CITY-ST-ZIP ANCHORAGE AK 99503

TITLE MGRM ☒ Change ☐ Addition
NAME Kaser, Dusty
STREET ADDRESS 3201 C Street, Suite 700
CITY-ST-ZIP Anchorage AK 99503

TITLE MGRM ☐ Delete
NAME WATKINSON, PEG
STREET ADDRESS 3501 DENALI #102
CITY-ST-ZIP ANCHORAGE AK 99503

TITLE MGRM ☒ Change ☐ Addition
NAME Watkinson, Peg
STREET ADDRESS 3201 C Street, Suite 700
CITY-ST-ZIP Anchorage AK 99503

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 60B, Florida Statutes.

SIGNATURE: Dusty Kaser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(907)222-9500 8-17-2004

Date

Daytime Phone #