

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000644

Entity Name: ALEGIANT SERVICES, LLC

FILED
Jan 19, 2005
Secretary of State

Current Principal Place of Business:

1958 ELKHORN CT.
LONGWOOD, FL 32750

New Principal Place of Business:

238 NORTH WESTMONTE DR.
200
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

1958 ELKHORN CT.
LONGWOOD, FL 32750

New Mailing Address:

238 NORTH WESTMONTE DR.
200
ALTAMONTE SPRINGS, FL 32714

FEI Number: 20-0086009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUNN, DUANE M
1958 ELKHORN CT.
LONGWOOD, FL 32750 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/MEMBERS:

Title: MGR () Delete
Name: DUNN, DUANE M
Address: 1958 ELKHORN CT.
City-St-Zip: LONGWOOD, FL 32750

Title: MGR () Delete
Name: MCKENNA, MATT E
Address: 1958 ELKHORN CT.
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DUNN, DUANE M
Address: 238 NORTH WESTMONTE DR SUITE 200
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR (X) Change () Addition
Name: MCKENNA, MATT E
Address: 238 NORTH WESTMONTE DR SUITE 200
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DUANE M DUNN

MGR

01/19/2005

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