

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004545

Entity Name: ALUTIIQ-MELE, LLC

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

3909 ARCTIC BLVD, SUITE 400
ANCHORAGE, AK 99503

New Principal Place of Business:

Current Mailing Address:

3909 ARCTIC BLVD, SUITE 400
ANCHORAGE, AK 99503

New Mailing Address:

FEI Number: 80-0071396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR () Delete
Name: ALUTIIQ, LLC
Address: 3909 ARCTIC BLVD, SUITE 400
City-St-Zip: ANCHORAGE, AK 99503

Title: MGR () Delete
Name: MELE ASSOCIATES, INC.
Address: 14660 ROTHGEB DR., SUITE 102
City-St-Zip: ROCKVILLE, MD 20850

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: HOBBS, RICHARD M II
Address: 3909 ARCTIC BLVD., SUITE 400
City-St-Zip: ANCHORAGE, AK 99503

Title: MGR () Change (X) Addition
Name: CLOWERS, DEAN
Address: 3909 ARCTIC BLVD SUITE 400
City-St-Zip: ANCHORAGE, AK 99503

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DEAN CLOWERS

MGR

04/13/2009

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