

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000000995

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** ALLIANCE CLOSING SERVICES, LLC

**Current Principal Place of Business:**

70 JEFFERSON BLVD  
WARWICK, RI 02888

**New Principal Place of Business:**

**Current Mailing Address:**

70 JEFFERSON BLVD  
WARWICK, RI 02888

**New Mailing Address:**

**FEI Number:** 05-0515539

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARSELLA, CHRISTOPHER  
359 LAKEVIEW DRIVE, UNIT 201  
WESTON, FL 33326 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: MARSELLA, STEPHEN H ESQ.  
Address: 70 JEFFERSON BLVD  
City-St-Zip: WARWICK, RI 02888

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: STEPHEN H MARSELLA

MGRM

01/06/2011

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