

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000007045

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

**Entity Name:** ALC HTIF, LLC

**Current Principal Place of Business:**

700 MEDICAL COURT EAST  
INVERNESS, FL 34452

**New Principal Place of Business:**

**Current Mailing Address:**

700 MEDICAL COURT EAST  
INVERNESS, FL 34452

**New Mailing Address:**

W140 N8981 LILLY ROAD  
MENOMONEE FALLS, WI 53051

**FEI Number:** 26-0489481

**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  
**Name:** ALC OPERATING, LLC  
**Address:** W140 N8981 LILLY RD  
**City-St-Zip:** MENOMONEE FALLS, WI 53051

**Title:** MGR  
**Name:** BEBO, LAURIE A CEO  
**Address:** W140 N8981 LILLY RD  
**City-St-Zip:** MENOMONEE FALLS, WI 53051

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:** WALTER LEVONOWICH

VP

03/15/2012

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