

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000000449

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** ALTERNATIVE REVENUE SOLUTIONS, LLC

**Current Principal Place of Business:**

88 NE 5TH AVE.  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

88 NE 5TH AVE.  
DELRAY BEACH, FL 33483

**New Mailing Address:**

**FEI Number:** 26-4003592

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EQUITY ACQUISITION LLC  
1802 N. UNIVERSITY DRIVE  
SUITE 102, #342  
PLANTATION, FL 33322 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: EQUITY ACQUISITION LLC  
Address: 1802 N. UNIVERSITY DR., STE. 102, #342  
City-St-Zip: PLANTATION, FL 33322

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: EQUITY ACQUISITION LLC

MGRM

04/21/2011

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