

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000082778

**Entity Name:** ALLIANCE 1ST BAIL BONDS, LLC

**Current Principal Place of Business:**

7209 E BROADWAY AVE  
TAMPA, FL 33619

**Current Mailing Address:**

P O BOX 92434  
LAKELAND, FL 33804 US

**FEI Number:** 27-0817669

**Certificate of Status Desired:** Yes

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

ETIENNE, FRANTZ  
5192 SPANISH OAKS LANE  
LAKELAND, FL 33805 US

*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

**Authorized Person(s) Detail :**

Title	MGRM	Title	AGENT
Name	ETIENNE, FRANTZ	Name	ETIENNE, JACQUELINE L
Address	5192 SPANISH OAKS LANE	Address	414 W MEMORIAL BLVD
City-State-Zip:	LAKELAND FL 33805	City-State-Zip:	LAKELAND FL 33815

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRANTZ ETIENNE

**OWNER**

**02/26/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date