

2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L14000014715

Entity Name: ALLIANCE INVESTMENTS ORANGEPARK, LLC**Current Principal Place of Business:**FAIRFIELD INN & SUITES
450 ELDRIDGE AVE
ORANGE PARK, FL 32073**Current Mailing Address:**FAIRFIELD INN & SUITES
ORANGE PARK, FL 32073 US**FEI Number:** 46-4715981**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAO, LAKSHMAN G
309 CRESTRUN LOOP
LEESBURG, FL 34748 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:** LAKSHMAN RAO

07/26/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	AUTHORIZED MEMBER
Name	RAO, LAKSHMAN G	Name	RAO, NITIN L DR.
Address	309 CRESTRUN LOOP	Address	1515 REGENT MANOR CT
City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	SILVER SPRING MD 20904
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	RAO, SIDDHARTHA L	Name	MINNAGANTI, VENKATA RAO DR.
Address	309 CRESTRUN LOOP	Address	1260 WOODRIDGE CT
City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	DECATUR IL 62526
Title	AUTHORIZED MEMBER		
Name	RAO, DHARMA DEEKSHITA L		
Address	309 CRESTRUN LOOP		
City-State-Zip:	LEESBURG FL 34748		

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: LAKSHMAN RAO**MANAGER**

07/26/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date