

2025 FLORIDA LIMITED LIABILITY COMPANY 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
8215 CHESTER LAKE ROAD NORTH
JACKSONVILLE, FL 32256 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

03/30/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :Title MGR
Name RAO, LAKSHMAN G
Address 309 CRESTRUN LOOP
City-State-Zip: LEESBURG FL 34748Title AUTHORIZED MEMBER
Name RAO, SIDDHARTHA L
Address 309 CRESTRUN LOOP
City-State-Zip: LEESBURG FL 34748Title AUTHORIZED MEMBER
Name GALLA, SRINIVAS RAO
Address 400 BLUE BIRCH CT
City-State-Zip: SANFORD FL 32771Title AUTHORIZED MEMBER
Name RAO, NITIN L DR.
Address 1515 REGENT MANOR CT
City-State-Zip: SILVER SPRING MD 20904Title AUTHORIZED MEMBER
Name MINNAGANTI, VENKATA RAO DR.
Address 1260 WOODRIDGE CT
City-State-Zip: DECATUR IL 62526Title AUTHORIZED MEMBER
Name DOSHI, HARSHA M
Address 8215 CHESTER LAKE ROAD NORTH
City-State-Zip: JACKSONVILLE FL 32256

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**

03/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date