

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000166750

Entity Name: ALLIANT SSP LLC**Current Principal Place of Business:**1320 EAST 9TH AVE
TAMPA, FL 33605**Current Mailing Address:**1320 EAST 9TH AVE
TAMPA, FL 33605 US**FEI Number:** 81-3772388**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALFONSO, CARLOS J
1320 EAST 9TH AVE
TAMPA, FL 33605 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:** CARLOS J. ALFONSO

04/29/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name NERTNEY, JOHN
Address 1320 EAST 9TH AVE
City-State-Zip: TAMPA FL 33605

Title AMBR
Name ALFONSO, CARLOS
Address 1705 NORTH 16TH STREET
City-State-Zip: TAMPA FL 33605

Title AMBR
Name CAPITANO, FRANK DAVID
Address 1320 EAST 9TH AVE
City-State-Zip: TAMPA FL 33605

Title AMBR
Name CAPITANO, JOSEPH JR
Address 1320 EAST 9TH AVE
City-State-Zip: TAMPA FL 33617

Title AMBR
Name DEL MONTE, ANGEL
Address 1705 NORTH 16TH STREET
City-State-Zip: TAMPA FL 33605

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: FRANK DAVID CAPITANO

MBR

04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date