

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000191357

**Entity Name:** ALLIANCE RESERVATIONS NETWORK, LLC**Current Principal Place of Business:**7380 WEST SAND LAKE RD STE #360  
ORLANDO, FL 32819**Current Mailing Address:**7380 WEST SAND LAKE RD STE #360  
ORLANDO, FL 32819 US**FEI Number:** 86-0920239**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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	MGR
Name	BERTENSHAW, PETER
Address	7380 WEST SAND LAKE RD STE #360
City-State-Zip:	ORLANDO FL 32819

Title	MGR
Name	STRACK, PETER
Address	7380 WEST SAND LAKE RD STE #360
City-State-Zip:	ORLANDO FL 32819

Title	MANAGER
Name	DREYER, ELIZABETH
Address	6277 SEA HARBOR DRIVE
City-State-Zip:	ORLANDO FL 32821

Title	MANAGER
Name	SINELLI, AMY E
Address	6277 SEA HARBOR DRIVE
City-State-Zip:	ORLANDO FL 32821

Title	MANAGER
Name	TOSCANO, MICHAEL J
Address	6277 SEA HARBOR DRIVE
City-State-Zip:	ORLANDO FL 32821

*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:** TOSCANO , MICHAEL J**MANAGER, BY SAVANAH** 04/24/2020  
**KELLEY, ATTORNEY-IN-**  
**FACT**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date