## **2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000001158

Entity Name: ALTERNATIVE SERVICE CONCEPTS, L.L.C.

## **Current Principal Place of Business:**

2501 MCGAVOCK PIKE SUITE 802

NASHVILLE, TN 37214

## **Current Mailing Address:**

2501 MCGAVOCK PIKE SUITE 802 NASHVILLE, TN 37214 US

FEI Number: 84-3008893 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

**FILED** Apr 19, 2020

**Secretary of State** 

7031298027CC

Authorized Person(s) Detail:

Title **MEMBER** Title **MEMBER** 

ADKINS, CAROLYN V. Name Name BACKUS, GLENN

Address 2501 MCGAVOCK PIKE Address 2501 MCGAVOCK PIKE SUITE 802

SUITE 802

NASHVILLE TN 37214 NASHVILLE TN 37214 City-State-Zip: City-State-Zip:

Title **MEMBER** Title **MEMBER** 

FINCH, PAMELA SUE Name Name SAULTER, DANIEL MARK

2501 MCGAVOCK PIKE 2501 MCGAVOCK PIKE Address Address

> SUITE 802 SUITE 802

NASHVILLE TN 37214 NASHVILLE TN 37214 City-State-Zip: City-State-Zip:

Title **MEMBER** 

KENNESON, PAULA M Name Address

2501 MCGAVOCK PIKE SUITE 802

NASHVILLE TN 37214 City-State-Zip:

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: PAMELA SUE FINCH

COO

04/19/2020