

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0400000644

**Entity Name:** ALEGIANT SERVICES, LLC

**Current Principal Place of Business:**

1750 WEST BROADWAY STREET  
SUITE 219  
OVIEDO, FL 32765

**Current Mailing Address:**

1090 W SR 436  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 20-0086009

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DUNN, DUANE M  
1958 ELKHORN CT.  
LONGWOOD, FL 32750 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	MGRM	Title	MANAGING PARTNER
Name	DUNN, DUANE M	Name	FILLIBEN, EDWARD J
Address	1958 ELKHORN CT	Address	1750 WEST BROADWAY ST SUITE 219
City-State-Zip:	LONGWOOD FL 32750	City-State-Zip:	OVIEDO FL 32765

*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:** DUANE DUNN

**MANAGING PARTNER**

**02/09/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date