

**2018 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:**

1750 WEST BROADWAY STREET  
SUITE 219  
OVIEDO, FL 32765 US

**FEI Number:** 20-0086009

**Certificate of Status Desired:** No

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

FILLIBEN, EDWARD J  
2428 SHOAL CREEK CT  
OVIEDO, FL 32765 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:** EDWARD FILLIBEN

01/10/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGING PARTNER  
Name           DUNN, DUANE M  
Address        1958 ELKHORN CT  
City-State-Zip: LONGWOOD FL 32750

Title           MANAGING PARTNER  
Name           FILLIBEN, EDWARD J  
Address        1750 WEST BROADWAY ST  
                  SUITE 219  
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:** EDWARD FILLIBEN

MANAGING PARTNER

01/10/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date