

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000000644

**Entity Name:** ALEGIANT SERVICES, LLC

**Current Principal Place of Business:**

1090 W SR 436  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

1090 W SR 436  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 20-0086009

**Certificate of Status Desired:** Yes

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

*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

MAN MEMBER

04/25/2014

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date