

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000004101

**Entity Name:** ALERION PARTNERS, LLC

**Current Principal Place of Business:**

1 BAYWATER DRIVE  
DARIEN, CT 06820

**FILED**  
**Apr 17, 2023**  
**Secretary of State**  
**6393536509CC**

**Current Mailing Address:**

PO BOX 276  
FAIRFIELD, CT 06824 US

**FEI Number: 20-1203869**

**Certificate of Status Desired: No**

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

HANLON, M. TIMOTHY ESQ  
340 ROYAL POINCIANA WAY, STE.321  
PALM BEACH, FL 33480 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 FAILING, BRUCE F  
Address PO BOX 276  
City-State-Zip: FAIRFIELD CT 06824

*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: BRUCE FAILING**

**MGRM**

**04/17/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date