

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2007 08:00 AM
Secretary of State



1st MOORE CR2E083 (10/06)

DOCUMENT # L05000104954 1. Entity Name ALLI FAMILY, LLC				
Principal Place of Business 11625 WALSINGHAM ROAD LARGO FL 33778		Mailing Address 11625 WALSINGHAM ROAD LARGO FL 33778		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
4. FEI Number 20-4325625 Applied For Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent ALLI, DEAN C 11625 WALSINGHAM ROAD LARGO FL 33778		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.				

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME	ALLI, DONALD R	NAME					
STREET ADDRESS	401 ALTHEA ROAD	STREET ADDRESS	U00000629283				
CITY- ST- ZIP	BELLEAIR FL 33756	CITY- ST- ZIP	02/16/07-80050-019 50.00				
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME	ALLI, DEAN C	NAME					
STREET ADDRESS	1700 PEACEFUL AVE.	STREET ADDRESS					
CITY- ST- ZIP	BELLEAIR FL 33756	CITY- ST- ZIP					
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME	ALLI HOUCHINS, DIANNA	NAME					
STREET ADDRESS	316 CRESTWOOD LANE	STREET ADDRESS					
CITY- ST- ZIP	LARGO FL 33770	CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY- ST- ZIP		CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY- ST- ZIP		CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY- ST- ZIP		CITY- ST- ZIP					

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *Dianna Alli Houchins* **2/6/07 727-434-580**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone if