

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104954

FILED
Jan 14, 2009
Secretary of State

Entity Name: ALLI FAMILY, LLC

Current Principal Place of Business:

11625 WALSINGHAM ROAD
LARGO, FL 33778

New Principal Place of Business:

Current Mailing Address:

11625 WALSINGHAM ROAD
LARGO, FL 33778

New Mailing Address:

FEI Number: 20-4325625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLI, DEAN C
11625 WALSINGHAM ROAD
LARGO, FL 33778 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALLI, DONALD R
Address: 401 ALTHEA ROAD
City-St-Zip: BELLEAIR, FL 33756

Title: MGR () Delete
Name: ALLI, DEAN C
Address: 1700 PEACEFUL AVE.
City-St-Zip: BELLEAIR, FL 33756

Title: MGR () Delete
Name: ALLI HOUCHINS, DIANNA
Address: 316 CRESTWOOD LANE
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: ALLI, DEAN C
Address: 1672 FIELDFARE COURT
City-St-Zip: DUNEDIN, FL 34698

Title: MGR (X) Change () Addition
Name: ALLI HOUCHINS, DIANNA
Address: 2999 PEPPERWOOD LANE WEST
City-St-Zip: CLEARWATER, FL 33761

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DEAN C ALLI

MGR

01/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date