

# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000009527

1. Entity Name  
ALEX'S PAL SYNDICATE LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 19 PM 2:46

Principal Place of Business  
5350 SE 212 CT  
MORRISTON, FL 32668 US

Mailing Address  
PO BOX 249  
MORRISTON, FL 32668 US



2. Principal Place of Business  
15233 N Hwy 329  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

09072006 Chg-LLC CR2E083 (11/05)

City & State  
Ocala, Reddick, FL  
Zip  
32686  
Country  
U.S.

City & State  
Zip  
Country

4. FEI Number  
20-2249754  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
GURINO, LOUIS  
5350 SE 212 CT  
MORRISTON, FL 32668

7. Name and Address of New Registered Agent  
Name  
Beckie K. Cantrell  
Street Address (P.O. Box Number is Not Acceptable)  
4700 NE 97th St Rd  
City  
Anthony FL Zip Code  
32617

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 Beckie K. Cantrell Beckie K. Cantrell 9/7/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GURINO, LOUIS 5350 SE 212 CT MORRISTON, FL 32668	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Brett A. Brinkman 8141 NW 47th Lane Ocala, FL 34482	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Beckie K. Cantrell 4700 NE 97th St Rd Anthony, FL 32617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Beth Bayer 8141 NW 47th Lane Ocala, FL 34482	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Beckie K. Cantrell Beckie K. Cantrell 9/7/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

#50-AR  
#5-CC