

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000070166

**FILED**  
**Apr 27, 2015**  
**Secretary of State**  
**CC9706142216**

**Entity Name:** ALLIED MARKETING ASSOCIATES, LLC

**Current Principal Place of Business:**

4380 ST. JOHNS PKWY  
SUITE 120  
SANFORD, FL 32771

**Current Mailing Address:**

4380 ST. JOHNS PKWY  
SUITE 120  
SANFORD, FL 32771 US

**FEI Number:** 27-2978980

**Certificate of Status Desired:** No

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

WILLIS, PATRICK HESQ.  
121 S. ORANGE AVE.  
SUITE 1500  
ORLANDO, FL 32801 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 MGR  
Name ADAMS, JOHN S  
Address 4380 ST. JOHNS PKWY, SUITE 120  
City-State-Zip: SANFORD FL 32771

Title MGR  
Name ADAMS, KATHLEEN P  
Address 4380 ST. JOHNS PKWY, SUITE 120  
City-State-Zip: SANFORD FL 32771

Title MGR  
Name TURNER, GEORGE RANDAL  
Address 4380 ST. JOHNS PKWY, SUITE 120  
City-State-Zip: SANFORD FL 32771

Title MANAGER  
Name TURNER, EMILY ADAMS  
Address 4380 ST. JOHNS PKWY  
SUITE 120  
City-State-Zip: SANFORD FL 32771

*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:** KATHLEEN ADAMS

**MANAGER**

**04/27/2015**

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

\_\_\_\_\_  
Date