

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000006571**

1. Entity Name  
**ALISON L. COX, LLC**



Principal Place of Business  
**5517 S.W. 69TH TERRACE  
GAINESVILLE, FL 32608**

Mailing Address  
**5517 S.W. 69TH TERRACE  
GAINESVILLE, FL 32608**



01032007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3650891**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**COX, ALISON L  
5517 S.W. 69TH TERRACE  
GAINESVILLE, FL 32608**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **P**  
NAME **COX, ALISON L**  
STREET ADDRESS **5517 SW 69 TERR.**  
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **ST**  
NAME **MILLER, DAVID M**  
STREET ADDRESS **5517 SW 69 TERR.**  
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE  
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CITY-ST-ZIP

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U00000576914  
01/05/07-80005-014 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**1-3-2007**

Date

**352-372-7736**

Daytime Phone #