

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000015719

1. Entity Name
ALLEY AND INGRAM PL



Principal Place of Business
701 E. WASHINGTON STREET
TAMPA, FL 33601

Mailing Address
701 E. WASHINGTON STREET
TAMPA, FL 33601



04142004No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3686442

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

INGRAM, MICHAEL M
701 E. WASHINGTON STREET
TAMPA, FL 33601

**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, 2004**

U00000119586
04/19/04-80105-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME ALLEY, TODD C
STREET ADDRESS 701 E. WASHINGTON ST.
CITY-ST-ZIP TAMPA, FL 33602

TITLE VPS
NAME INGRAM, MICHAEL M
STREET ADDRESS 701 E. WASHINGTON ST.
CITY-ST-ZIP TAMPA, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

4/14/04 883/222-0977