

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90137 028 \*\*\*\*50.00

**DOCUMENT # L02000024826**

1. Entity Name

**ALLIED MANAGEMENT GROUP, LLC**



Principal Place of Business

1300 CITIZENS BOULEVARD  
SUITE 380  
LEESBURG, FL 34748 US

Mailing Address

1300 CITIZENS BOULEVARD  
SUITE 380  
LEESBURG, FL 34748 US

**20012273**



01042006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**52-2378603**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRIZZARD, THOMAS D  
1300 CITIZENS BOULEVARD  
SUITE 380  
LEESBURG, FL 34748

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME GRIZZARD, THOMAS D  
STREET ADDRESS 1300 CITIZENS BOULEVARD SUITE 380  
CITY-ST-ZIP LEESBURG, FL 34748

TITLE MGRM  
NAME GRIZZARDI, LAURI A  
STREET ADDRESS 1300 CITIZENS BOULEVARD SUITE 380  
CITY-ST-ZIP LEESBURG, FL 34748

TITLE MGRM  
NAME CANTRELL, KEVIN D  
STREET ADDRESS 1300 CITIZENS BOULEVARD SUITE 380  
CITY-ST-ZIP LEESBURG, FL 34748

TITLE MGRM  
NAME CANTRELL, KELLY H  
STREET ADDRESS 1300 CITIZENS BOULEVARD SUITE 380  
CITY-ST-ZIP LEESBURG, FL 34748

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

Date

Daytime Phone #

2-28-06

352-787-9925