


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90150 044 ****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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| GRIZZARD, THOMAS D 1300 CITIZENS BOULEVARD SUITE 380 LEESBURG, FL 34748 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed, or printed name of registered agent and title if applicable</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGRM <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GRIZZARD, THOMAS D | | NAME | | |
| STREET ADDRESS | 1300 CITIZENS BOULEVARD SUITE 380 | | STREET ADDRESS | | |
| CITY-ST-ZIP | LEESBURG, FL 34748 | | CITY-ST-ZIP | | |
| TITLE | MGRM <input type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GRIZZARD, LAURI A | | NAME | GRIZZARD, LAURI A | |
| STREET ADDRESS | 1300 CITIZENS BOULEVARD SUITE 380 | | STREET ADDRESS | (Name Spelled WRONG) | |
| CITY-ST-ZIP | LEESBURG, FL 34748 | | CITY-ST-ZIP | | |
| TITLE | MGRM <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CANTRELL, KEVIN D | | NAME | | |
| STREET ADDRESS | 1300 CITIZENS BOULEVARD SUITE 380 | | STREET ADDRESS | | |
| CITY-ST-ZIP | LEESBURG, FL 34748 | | CITY-ST-ZIP | | |
| TITLE | MGRM <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CANTRELL, KELLY H | | NAME | | |
| STREET ADDRESS | 1300 CITIZENS BOULEVARD SUITE 380 | | STREET ADDRESS | | |
| CITY-ST-ZIP | LEESBURG, FL 34748 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: <i>K Cantrell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | 1-19-07 352-787-9985 <small>Date Daytime Phone #</small> | | |