


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # L02000030690 1. Entity Name MIMS/ALAFIA, LLC |  |
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|---|---|
| Principal Place of Business 100 SOUTH KENTUCKY AVE., SUITE 215 LAKELAND, FL 33801 | Mailing Address 100 SOUTH KENTUCKY AVE., SUITE 215 LAKELAND, FL 33801 |
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DO NOT WRITE IN THIS SPACE



03122008 No Chg-LLC

CR2E083 (12/07)

| | |
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| 4. FEI Number 54-2101102 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**T. MIMS CORP.
100 S. KENTUCKY AVE., STE. 215
LAKELAND, FL 33801**

**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 *William P. Mims* DATE 3-13-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM T. MIMS CORP. 100 S. KENTUCKY AVE., SUITE LAKELAND, FL 33801 |
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U00000866373
04/08/08-80027-001 138.75

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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: *William P. Mims* 3-13-08 803.683.9297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #