

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000040913

Entity Name: ALYSSA'S LLC

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4636 HIGHWAY 90  
PACE, FL 32571 US

**New Principal Place of Business:**

**Current Mailing Address:**

4636 HWY 90  
PACE, FL 32571 US

**New Mailing Address:**

FEI Number: 20-0331659

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHEPPER, ALYSSA B  
5215 OLD BERRYHILL RD  
MILTON, FL 32570 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCHEPPER, ALYSSA B  
Address: 5215 OLD BERRYHILL RD  
City-St-Zip: MILTON, FL 32570 US

Title: TRES  
Name: SCHEPPER, CURT  
Address: 5215 OLD BERRYHILL RD  
City-St-Zip: MILTON, FL 32570 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ALYSSA SCHEPPER

OWNE

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date