

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000004422

1. Entity Name
ALLIED INVESTMENTS, LLC



Principal Place of Business
**1642 MEDICAL LANE
FORT MYERS, FL 33907**

Mailing Address
**1642 MEDICAL LANE
FORT MYERS, FL 33907**

DO NOT WRITE IN THIS SPACE



01042008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
56-2524562

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ADAMS, HAL
4415 METRO PKWY, STE 325
FORT MYERS, FL 33916**

**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 _____

**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
**MGR
ADAMS, HAL
1642 MEDICAL LANE
FORT MYERS, FL 33907**

TITLE
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CITY-ST-ZIP

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U00000846949
03/18/08-80049-006 138.75

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-28-08

Date

239-931-9006

Daytime Phone #