

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006361

Entity Name: AMALFI PARTNERS, LLC

FILED  
Jul 17, 2009  
Secretary of State

**Current Principal Place of Business:**

8048 WESTCHESTER PLACE  
MONTGOMERY, AL 36117

**New Principal Place of Business:**

**Current Mailing Address:**

8048 WESTCHESTER PLACE  
MONTGOMERY, AL 36117

**New Mailing Address:**

FEI Number: 63-1207076      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

COFFIELD, P. COLLEEN  
1719 S. COUNTY HWY 393  
SANTA ROSA BEACH, FL 32459      US

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: MGR      ( ) Delete  
Name: DABBS, KARL  
Address: 8048 WESTCHESTER PLACE  
City-St-Zip: MONTGOMERY, AL 36117

Title: MGR      ( ) Delete  
Name: PATE, GARY  
Address: 9208 BRIDGE POINT  
City-St-Zip: MONTGOMERY, AL 36117

Title: MGR      ( ) Delete  
Name: GRIZZELL, TODD  
Address: 1272 BUCKINGHAM CIR  
City-St-Zip: FRANKLIN, TN 37064

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: KARL L DABBS

MR

07/17/2009

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