

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000006361

Entity Name: AMALFI PARTNERS, LLC

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8048 WESTCHESTER PLACE  
MONTGOMERY, AL 36117

**New Principal Place of Business:**

8048 WESTCHESTER PLACE  
MONTGOMERY, AL 36117 US

**Current Mailing Address:**

8048 WESTCHESTER PLACE  
MONTGOMERY, AL 36117

**New Mailing Address:**

8048 WESTCHESTER PLACE  
MONTGOMERY, AL 36117 US

FEI Number: 63-1207076

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COFFIELD, P. COLLEEN  
1719 S. COUNTY HWY 393  
SANTA ROSA BEACH, FL 32459 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: MGR  
Name: DABBS, KARL  
Address: 8048 WESTCHESTER PLACE  
City-St-Zip: MONTGOMERY, AL 36117

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

Title: MGR  
Name: GRIZZELL, CARLA  
Address: 1272 BUCKINGHAM CIR  
City-St-Zip: FRANKLIN, TN 37064

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: KARL L DABBS

MR

04/07/2011

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