

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007900

Entity Name: ALLIED ODYSSEY, LLC

FILED  
Feb 23, 2009  
Secretary of State

## Current Principal Place of Business:

430 COVE TOWER DRIVE  
501  
NAPLES, FL 34110

## New Principal Place of Business:

661 GOODLETTE RD N 104  
NAPLES, FL 34102

## Current Mailing Address:

PO BOX 111089  
NAPLES, FL 34108

## New Mailing Address:

FEI Number: 55-0858402

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

URLANDA, ANNELIE U  
430 COVE TOWER DRIVE  
501  
NAPLES, FL 34110 US

## Name and Address of New Registered Agent:

URLANDA, ANNELIE U  
1050 BORGHESE LANE #706  
NAPLES, FL 34114 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:

02/23/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: URLANDA, ANNELIE U  
Address: 430 COVE TOWER DRIVE 501  
City-St-Zip: NAPLES, FL 34110

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: URLANDA, ANNELIE U  
Address: 1050 BORGHESE LANE #706  
City-St-Zip: NAPLES, FL 34114

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: ANNELIE URLANDA

MGRM

02/23/2009

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