

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90028 045 ***143.75

DOCUMENT # L05000009527

1. Entity Name
ALEX'S PAL SYNDICATE LLC



Principal Place of Business
**RANDOLPH THOROUGHBREDS
4101 NW 89TH PLACE
OCALA, FL 34482 US**

Mailing Address
**160 PORTNEUF RD
CARENCRO, LA 70520 US**

60031600



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-2249754

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUSIE CRAB & ASSOC PA
2215 SOUTHEAST FORT KING ST
STE B
OCALA, FL 34471**

Name
Beckie K. Cantrell

Street Address (P.O. Box Number is Not Acceptable)
4700 NE 97th St Rd

City
Anthony

FL Zip Code
32617

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 *Beckie K. Cantrell* **Beckie K. Cantrell** ☒ **4/25/08**
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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME BRINKMAN, BRETT A
STREET ADDRESS 8141 NW 47TH LANE
CITY-ST-ZIP Ocala, FL 34482

TITLE MGRM ☐ Delete
NAME CANTRELL, BECKIE K
STREET ADDRESS 4700 NE 97TH ST RD
CITY-ST-ZIP ANTHONY, FL 32617

TITLE MGRM ☐ Delete
NAME BAYER, BETH
STREET ADDRESS 8141 NW 47TH LANE
CITY-ST-ZIP Ocala, FL 34482

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Beckie K. Cantrell* **Beckie K. Cantrell** ☒ **4/28/08** (352) 912-6784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #