

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000022579

**FILED**  
**May 14, 2008**  
**Secretary of State**

**Entity Name:** DALE ALAN FLOWERS, LLC

**Current Principal Place of Business:**

728 PARKSIDE POINTE BLVD.  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

728 PARKSIDE POINTE BLVD.  
APOPKA, FL 32712

**New Mailing Address:**

FEI Number: 90-0241914      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:**

DALE ALAN FLOWERS  
728 PARKSIDE POINTE BLVD.  
APOPKA, FL 32712      US

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

FLOWERS, DALE  
728 PARKSIDE POINTE BLVD.  
APOPKA, FL 32712      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: DALE FLOWERS

05/14/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: DALE ALAN FLOWERS,  
Address: 728 PARKSIDE POINTE BLVD.  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES:**

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: DALE FLOWERS

MGR

05/14/2008

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