

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 09, 2008 8:00 am**  
**Secretary of State**

06-09-2008 90227 031 \*\*\*538.75

**DOCUMENT # L05000035680**

1. Entity Name  
ANNANDALE/ALLIED, LLC



Principal Place of Business  
850529 US HIGHWAY 17  
YULEE, FL 32097 US

Mailing Address  
119 ARBOR COURT  
ATTN: ACCOUNTING DEPT  
WINCHESTER, VA 22602 US

**50086961**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-2673863

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

RAX CO.  
50 NORTH LAURA STREET, SUITE 3300  
JACKSONVILLE, FL 32202

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

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	<input type="checkbox"/> Delete
NAME	FROGALE, ROBERT	
STREET ADDRESS	202 ROBINSON DRIVE	
CITY - ST - ZIP	WINCHESTER, VA 22602	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FROGALE, GENE	
STREET ADDRESS	5715 REGAL CREST COURT	
CITY - ST - ZIP	CLIFTON, VA 20124	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Robert J. Frogale*

6/4/08

540-665-9600

Date

Daytime Phone #