


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000084303 1. Entity Name ALEGRA LLC	
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Principal Place of Business 7398 NW 44TH AVENUE OCALA, FL 34482 US	Mailing Address P.O. BOX 1810 OCALA, FL 34478 US
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DO NOT WRITE IN THIS SPACE



01172008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3773144	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MILLER, CATHERINE 7398 NW 44TH AVENUE OCALA, FL 34482

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75.
After May 1, 2008 Fee will be \$538.75

U00000813532
05/08/08-80018-025 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VARNER, JOSEPH A SW CORNER I-75 AND SR 326 OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VARNER, SYDNEY W SW CORNER I-75 AND SR 326 OCALA, FL 34478
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**DO NOT WRITE
IN THIS SPACE**

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: Mary E. Woods **MARY E. WOODS** 4-23-08 352-732-4646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #