

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90063 041 ***138.75

DOCUMENT # L05000098103

1. Entity Name
MCALPIN FAMILY TRUST, L.L.C.



Principal Place of Business
2323 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803

Mailing Address
2323 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803

60007810



DO NOT WRITE IN THIS SPACE

01302008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
10-4101514

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, RICHARD A
2323 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803

**DO NOT WRITE
IN THIS SPACE**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MILLER, RICHARD A
2323 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #