2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2007
Secretary of State

DOCUMENT# L05000111549

Entity Name: ALLIE'S, LLC

Current Principal Place of Business:

2190 SE COUNTY ROAD 349
LAKE CITY, FL 32025 US

New Principal Place of Business:

857 SW MAIN BLVD.
SUITE 125
LAKE CITY, FL 32025 US

Current Mailing Address:

2190 SE COUNTY ROAD 349
LAKE CITY, FL 32025 US

New Mailing Address:

FEI Number: 20-4031913 **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:

RYALS, ASHLEY D
2190 SE COUNTY ROAD 349
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RYALS, ASHLEY D
Address: 2190 SE COUNTY ROAD 349
City-St-Zip: LAKE CITY, FL 32025 US

Title: MGRM ( ) Delete
Name: RYALS, VALERIE W
Address: 709 SE ORMOND WITT ROAD
City-St-Zip: LAKE CITY, FL 32025 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: VALERIE W. RYALS OWNE 07/12/2007

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