

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111549

Entity Name: ALLIE'S, LLC

FILED  
May 12, 2008  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

## 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 ( )

## 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: ASHLEY D. RYALS

MGRM

05/12/2008

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