

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000111549

Entity Name: ALLIE'S, LLC

**FILED**  
**Feb 05, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

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

## **New Principal Place of Business:**

130 NW VETERANS STREET  
LAKE CITY, FL 32055 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 ( )

## **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:**

BLANTON, ASHLEY R  
2190 SE COUNTY ROAD 349  
LAKE CITY, FL 32025 US

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: ASHLEY R. BLANTON

02/05/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BLANTON, ASHLEY R  
Address: 2190 SE COUNTY ROAD 349  
City-St-Zip: LAKE CITY, FL 32025 US

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

I hereby 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 R. BLANTON

MGRM

02/05/2011

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