


2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000044967			
1. Entity Name ALLIED ENTERPRISES, LLC			
Principal Place of Business 3615 FISCAL COURT RIVIERA BEACH, FL 33404 US		Mailing Address 3615 FISCAL COURT RIVIERA BEACH, FL 33404 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name <u>KENNETH MORGAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>821 HARBOUR ISLES PL</u> City <u>NORTH PALM BEACH</u> FL Zip Code <u>33410</u>	
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 <u>[Signature]</u> Signature typed or printed name of registered agent and title if applicable		DATE <u>4-25-08</u> (NOTE: Registered Agent's signature is required when completing)	
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORGAN, KEN 3615 FISCAL COURT RIVIERA BEACH, FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 60B, Florida Statutes.			
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE <u>6-12-08</u> Date Daytime Phone #	

FILED

08 JUN 13 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04152008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4803931 Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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05/19/08-9090-001-\$50.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #