


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2008 8:00 am
Secretary of State

01-29-2008 90063 018 ***138.75

DOCUMENT # L06000084240 1. Entity Name ALLIMAX, LLC	
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Principal Place of Business 613 SCHOOLHOUSE ROAD LAKE LAND, FL 33813	Mailing Address 613 SCHOOLHOUSE ROAD LAKE LAND, FL 33813
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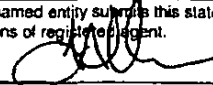
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ALLORE, TIMOTHY L
6605 BROKEN ARROW TRAIL SOUTH
LAKE LAND, FL 33813**

**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  DATE _____


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	MR. ALLORE, TIMOTHY L 6605 BROKEN ARROW TRAIL DRIVE S. LAKE LAND, FL 33813
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 
Timothy Allore