

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110374

Entity Name: ALINIK LLC

FILED  
Jul 13, 2007  
Secretary of State

## Current Principal Place of Business:

8438 TWISTED VINE CT  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

13496 GEMFIRE CT  
JACKSONVILLE, FL 32258

## Current Mailing Address:

8438 TWISTED VINE CT  
JACKSONVILLE, FL 32216

## New Mailing Address:

PO BOX 54495  
JACKSONVILLE, FL 32245

FEI Number: 20-5881633      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:

SALAZAR, JEFFRY M  
8438 TWISTED VINE CT  
JACKSONVILLE, FL 32216      US

## Name and Address of New Registered Agent:

SALAZAR, JEFFRY M  
13496 GEMFIRE CT  
JACKSONVILLE, FL 32258      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: JEFY M SALAZAR

07/13/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SALAZAR, JEFFRY M  
Address: 8438 TWISTED VINE CT  
City-St-Zip: JACKSONVILLE, FL 32216 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SALAZAR, JEFFRY M  
Address: 13496 GEMFIRE CT  
City-St-Zip: JACKSONVILLE, FL 32258 US

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: JEFY M SALAZAR

MMNG

07/13/2007

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