

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000114607

Entity Name: ALLI LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

7234 HAMMET ROAD
TAMPA, FL 33647

New Principal Place of Business:

3109 CREEKGLEN CT
BRANDON, FL 33511

Current Mailing Address:

7234 HAMMET ROAD
TAMPA, FL 33647

New Mailing Address:

3109 CREEKGLEN CT
BRANDON, FL 33511

FEI Number: 22-3947721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI, FL 33145 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: MGR () Delete
Name: UZUNTEPE, ALI
Address: 7234 HAMMET ROAD
City-St-Zip: TAMPA, FL 33647

Title: MGR () Delete
Name: SISMAN, ERTAN
Address: 7234 HAMMET ROAD
City-St-Zip: TAMPA, FL 33647

Title: ST (X) Delete
Name: UZUNTEPE, ALI
Address: 7234 HAMMET ROAD
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: UZUNTEPE, ALI
Address: 3109 CREEKGLEN CT
City-St-Zip: BRANDON, FL 33511

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: ALI UZUNTEPE

MR

04/29/2009

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