## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 14, 2008 8:00 am Secretary of State

1/

DOCUMENT # L0700009485  1. Entity Name ALCONA SALES LLC							01-10-200	08 90018 (	020 **	**138.75	
Principal Place of Business Mailing Address									n-A		
5244 SW 18 AVE 5244 SW 18 AVE CAPE CORAL, FL 33914 US CAPE CORAL, FL 33914					IS	30000512					
Principal Place of Business - No P.O. Box # 3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt, #, etc.			01052008	Chg-LLC	CR2E083	(12/06)	)	
City & State			City & State			4. FEI Number 2.0 - 83! J			<del></del>	oplied For ot Applicable	
Zip	Country		Zip	Cou	niry	5. Certificate of Status Desired		S5.00 Additional Fee Required			
	6. Name and A	ddress of Current	Name	7. Name and A	ddress of New Ro	gistered Age	nt				
CORPOR	ATION SERVIC	E COMPANY	Native								
1201 HAY	S STREET SSEE, FL 3230				Street Address (	P.O. Box Number	is Not Acceptable	)			
					City				Zip Code		
8. The above	named entity subm	its this statement fo	l .	ed agent or both	in the Clase of Ela-	FL I rom form					
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											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rematating)  OATE  OATE  OATE  OATE											
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State											
9.		MANAGING MEMBE		10.			ADDITIONS/		27%. Chaires	- Spice of the Control of the Contro	
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CITY-ST-ZIP	CAPE CORAL, I				-ST-71P						
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STREET ADDRESS CITY-ST-ZIP					ET AODRESS					]	
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NAME				NAM					Change	Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADORESS						
	ractific lines than Indo	ation numbers of the	this files share		SI-ZIP						
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 cash; 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.  GOUZALD PEREZ.											
									,,,,		
INNOIC	SIGNATURE: Songela Jerry MG NGER 1/5/08 239-677-3109										