

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000027459

FILED  
Sep 12, 2008  
Secretary of State

**Entity Name:** ALCON ASSOCIATES OF FLORIDA, L.L.C.

**Current Principal Place of Business:**

24 WEST CHASE STREET  
PENSACOLA, FL 32502

**New Principal Place of Business:**

**Current Mailing Address:**

24 WEST CHASE STREET  
PENSACOLA, FL 32502

**New Mailing Address:**

**FEI Number:** 20-8657283

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOZIER, DANIEL R  
24 WEST CHASE STREET  
PENSACOLA, FL 32502 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: BRYAN III, LAWRENCE D  
Address: 24 WEST CHASE STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: MGRM ( ) Change (X) Addition  
Name: NEWELL, ROY  
Address: 24 WEST CHASE STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: MGRM ( ) Change (X) Addition  
Name: HUNKELE, JOE  
Address: 24 WEST CHASE STREET  
City-St-Zip: PENSACOLA, FL 32502

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: LAWRENCE D. BRYAN, III

MGRM

09/12/2008

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