

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000103267

**Entity Name:** ALLIED PIVOTS LLC

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6868 NE FIRST ST  
OKEECHOBEE, FL 34974 US

**New Principal Place of Business:**

**Current Mailing Address:**

6868 NE FIRST ST  
OKEECHOBEE, FL 34974 US

**New Mailing Address:**

**FEI Number:**  **FEI Number Applied For ( )**  **FEI Number Not Applicable (X)**  **Certificate of Status Desired ( )**

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

FLORIDA-INCORPORATIONS.NET INC  
6574 NORTH STATE ROAD 7  
#401  
COCONUT CREEK, FL 33073 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  
Name: GOGGANS, BILLY P  
Address: 6868 NE FIRST ST  
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: MGRM  
Name: GOGGANS, BILLY J  
Address: 6868 NE FIRST ST  
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: MGRM  
Name: GOGGANS, JOHN P  
Address: 6868 NE FIRST ST  
City-St-Zip: OKEECHOBEE, FL 34974 US

I hereby 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: BILLY GOGGANS

MGRM

04/14/2010

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