


FILED
May 01, 2008 8:00 am
Secretary of State

04-09-2008 90126 009 ***138.75

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L07000110251							
1. Entity Name ALAVIC, LLC							
Principal Place of Business % TEMPLE H. DRUMMOND, ESQ. 6987 E. FOWLER AVENUE TAMPA, FL 33617			Mailing Address % TEMPLE H. DRUMMOND, ESQ. 6987 E. FOWLER AVENUE TAMPA, FL 33617				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
6. Name and Address of Current Registered Agent DRUMMOND, TEMPLE H ESQ. DRUMMOND WEHLE & ROSS, LLP 6987 EAST FOWLER AVENUE TAMPA, FL 33617				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____							
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	NAME	STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				Managing Member	John T. Dunn, Trustee	5253 62nd Ave. S St. Petersburg FL 33715	
							<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
							<input type="checkbox"/> Change <input type="checkbox"/> Addition
							<input type="checkbox"/> Change <input type="checkbox"/> Addition
							<input type="checkbox"/> Change <input type="checkbox"/> Addition
							<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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 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: <u>John T. Dunn</u>			John T. Dunn		3-31-08	727-864-2076	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Florida Phone #		

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01252008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-1330716 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required