

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000029596

Entity Name: ALLIED PORTABLES, LLC

**FILED**  
**Nov 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3770 VERONICA SHOEMAKER BLVD  
FT MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2506  
FT MYERS, FL 33902

**New Mailing Address:**

FEI Number: 26-4556128

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUTLER, GAREY F  
FOWLER WHITE BOGGS P.A.  
2235 FIRST ST  
FT MYERS, FL 33901 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: VP/T  
Name: YOUMANS, ROBIN  
Address: 3770 VERONICA SHOEMAKER BLVD.  
City-St-Zip: FORT MYERS, FL 33916

Title: P/S  
Name: ADAMSON, CONNIE L  
Address: 3770 VERONICA SHOEMAKER BLVD  
City-St-Zip: FORT MYERS, FL 33916

Title: MGRM  
Name: YOUMANS, ROBIN  
Address: 3770 VERONICA SHOEMAKER BLVD.  
City-St-Zip: FORT MYERS, FL 33916

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: ROBIN YOUMANS

MGRM

11/09/2012

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