

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000083404

Entity Name: ALLCHACAM LLC

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4307 W. PEARL AVE.  
UNIT B  
TAMPA, FL 336113433

**New Principal Place of Business:**

**Current Mailing Address:**

ALLCHACAM LLC C/O C. MYNARD  
P.O. BOX 18361  
TAMPA, FL 336798361

**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:**

MYNARD, CLAYTON  
4307 W. PEARL AVE.  
UNIT B  
TAMPA, FL 33611 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: MGRS  
Name: MYNARD, CLAYTON  
Address: 4307 W. PEARL AVE., UNIT B  
City-St-Zip: TAMPA, FL 336113433

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: CLAYTON MYNARD

MGR

01/11/2012

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