

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000106143

Entity Name: ALLERGYCARDS LLC

FILED
Apr 28, 2010
Secretary of State

Current Principal Place of Business:

3854 CEDAR HAMMOCK TRAIL
ST. CLOUD, FL 34772

New Principal Place of Business:

Current Mailing Address:

3854 CEDAR HAMMOCK TRAIL
ST. CLOUD, FL 34772

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, DANIEL T
3854 CEDAR HAMMOCK TRAIL
ST. CLOUD, FL 34772 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: MGRM
Name: HINES, DANIEL T
Address: 3854 CEDAR HAMMOCK TRAIL
City-St-Zip: ST. CLOUD, FL 34772

Title: MGRM
Name: HINES, SARA C
Address: 8952 GREY MOUNTAIN DR.
City-St-Zip: OOLTEWAH, TN 37363

Title: MGRM
Name: FIDDLER, JOHN A
Address: 1421 CLOVERDALE DR. APT 205
City-St-Zip: HIXSON, TN 37343

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: DANIEL T, HINES

MGRM

04/28/2010

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