

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000095175

**Entity Name:** A.L.S. ENTERPRISES, LLC

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

75 LEXINGTON ROAD  
AVON, CT 06001

**New Principal Place of Business:**

589 HUCKLEBERRY HILL ROAD  
AVON, CT 06001

**Current Mailing Address:**

75 LEXINGTON ROAD  
AVON, CT 06001

**New Mailing Address:**

589 HUCKLEBERRY HILLE ROAD  
AVON, CT 06001

**FEI Number:** 27-3452786

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIBLEY, SALLY  
209 FARRINGTON LANE  
KISSIMMEE, FL 34744 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: MGMR  
Name: SAMPL, AMY L  
Address: 589 HUCKLEBERRY HILL ROAD  
City-St-Zip: AVON, CT 06001

Title: MGR  
Name: SAMPL, TIMOTHY R  
Address: 589 HUCKLEBERRY HILL ROAD  
City-St-Zip: AVON, CT 06001

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: AMY L. SAMPL

MGR

01/10/2012

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