

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000106184

Entity Name: ALLIED PERSONAL DRIVERS LLC

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8459 GARDENS CIRCLE 09  
SARASOTA, FL 34243

**New Principal Place of Business:**

8459 GARDENS CIRCLE  
9  
SARASOTA, FL 34243

**Current Mailing Address:**

8459 GARDENS CIRCLE 09  
SARASOTA, FL 34243

**New Mailing Address:**

8459 GARDENS CIRCLE  
9  
SARASOTA, FL 34243

FEI Number: 45-3339640

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DORESY, JAMES M  
8459 GARDENS CIRCLE 09  
SARASOTA, FL 34243 US

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

DORESY, JAMES M  
8459 GARDENS CIRCLE  
9  
SARASOTA, FL 34243 US

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: JAMES M. DORSEY

04/23/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DORSEY, JAMES M  
Address: 8459 GARDENS CIRCLE 09  
City-St-Zip: SARASOTA, FL 34243

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: JAMES M DORSEY

MGRM

04/23/2012

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