

MAR-24-2008 12:00

ALLEN KOPET &amp; ASSOCIATES

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**FILED P.01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY 13 AM 8:15

DOCUMENT # M06000001837

1. Entity Name  
ALLEN, KOPET & ASSOCIATES, PLLC

Principal Place of Business

750 S. ORLANDO AVE.  
SUITE 200  
WINTER PARK, FL 32789-4845

Mailing Address

750 S. ORLANDO AVE.  
SUITE 200  
WINTER PARK, FL 32789-4845**DO NOT WRITE IN THIS SPACE**

03242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
62-1622775Applied For  
Not Applicable5. Certificate of Status Desired ☐\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

KAYE, LOUIS D  
750 S. ORLANDO AVE.  
SUITE 200  
WINTER PARK, FL 32789-4845**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**800129012478  
05/12/08--01006--009 \*\*277.50

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
ALLEN, G. DAVID JR.  
P.O. BOX 23583  
CHATTANOOGA, TN 37422TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIPTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIPTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIPTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIPTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Signature* STEPHEN R. MONROE 3/4/08 825 694-3460