

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002161

Entity Name: ALAFAYA ALEX LLC

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

14179 LAKESIDE BOULEVARD NORTH
SHELBY TOWNSHIP, MI 48315

New Principal Place of Business:

51194 ROMEO PLANK #734
MACOMB, MI 48042

Current Mailing Address:

51194 ROMEO PLANK #734
MACOMB, MI 48042

New Mailing Address:

FEI Number: 20-4285494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERT R. OLIVER, P.A.
2060 N.W. BOCA RATON BLVD.
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

BERT R. OLIVER, P.A.
955 NW 17TH AVENUE, BLDG D
DELRAY BEACH, FL 33445 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:

01/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHALMERS, WILLIAM D
Address: 14179 LAKESIDE BOULEVARD NORTH
City-St-Zip: SHELBY TOWNSHIP, MI 48315

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CHALMERS, WILLIAM D
Address: 51194 ROMEO PLANK #734
City-St-Zip: MACOMB, MI 48042

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: WILLIAM D. CHALMERS

MR.

01/12/2009

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