

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084240

Entity Name: ALLIMAX, LLC

FILED
Jul 09, 2007
Secretary of State

Current Principal Place of Business:

6605 BROKEN ARROW TRAIL SOUTH
LAKELAND, FL 33813

New Principal Place of Business:

613 SCHOHOUSE ROAD
LAKELAND, FL 33813

Current Mailing Address:

6605 BROKEN ARROW TRAIL SOUTH
LAKELAND, FL 33813

New Mailing Address:

613 SCHOOLHOUSE ROAD
LAKELAND, FL 33813

FEI Number: 20-5454216 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ALLORE, TIMOTHY L
6605 BROKEN ARROW TRAIL SOUTH
LAKELAND, FL 33813 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. () Change (X) Addition
Name: ALLORE, TIMOTHY L
Address: 6605 BROKEN ARROW TRAIL DRIVE S.
City-St-Zip: LAKELAND, FL 33813

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: TIMOTHY L. ALLORE

MR

07/09/2007

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