

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

01-29-2008 90063 018 ***138.75

30001186



DOCUMENT # L06000084240
 1. Entity Name
ALLIMAX, LLC



Principal Place of Business
**613 SCHOOLHOUSE ROAD
 LAKELAND, FL 33813**

Mailing Address
**613 SCHOOLHOUSE ROAD
 LAKELAND, FL 33813**

DO NOT WRITE IN THIS SPACE

01212008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5454216	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**ALLORE, TIMOTHY L
 6605 BROKEN ARROW TRAIL SOUTH
 LAKELAND, FL 33813**

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  DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. ALLORE, TIMOTHY L 6605 BROKEN ARROW TRAIL DRIVE S. LAKELAND, FL 33813
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 
Timothy Allore