

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000084240

**FILED  
Jan 03, 2011  
Secretary of State**

**Entity Name:** ALLIMAX, LLC

**Current Principal Place of Business:**

613 SCHOHOUSE ROAD  
LAKELAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

613 SCHOHOUSE ROAD  
LAKELAND, FL 33813

**New Mailing Address:**

**FEI Number:** 20-5454216

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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: MR.  
Name: ALLORE, TIMOTHY L  
Address: 6605 BROKEN ARROW TRAIL DRIVE S.  
City-St-Zip: LAKELAND, FL 33813

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: TIMOTHY L. ALLORE

MR.

01/03/2011

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