


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000051697
 1. Entity Name
 JOHN ALLEN CONSTRUCTION CLEANUP & HAULING, LLC



Principal Place of Business 965 SOUTH HOLMES BLVD. ST. AUGUSTINE, FL 32084	Mailing Address 965 SOUTH HOLMES BLVD. ST. AUGUSTINE, FL 32084
--	--

DO NOT WRITE IN THIS SPACE



02132007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 45-0532397	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 ALLEN, JOHN F JR
 965 SOUTH HOLMES BLVD.
 ST. AUGUSTINE, FL 32084

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)

Filing Fee is \$50.00 Due by May 1, 2007 L00000719189
05/01/07-80054-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEN, JOHN F JR 965 SOUTH HOLMES BLVD. ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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: John F. Allen 4-18-07 699-8439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #