

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000091159

Entity Name: ALLENDALE ARMS, LLC

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3700 HAINES ROAD  
UNIT 1 & 19  
ST. PETERSBURG, FL 33704 US

**New Principal Place of Business:**

125 43RD AVENUE NE  
ST. PETERSBURG, FL 33703 US

**Current Mailing Address:**

125 43RD AVENUE NE  
ST. PETERSBURG, FL 33703 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FONTANA, JOSEPH M JR.  
125 43RD AVENUE NE  
ST. PETERSBURG, FL 33703 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: MGRM  
Name: FONTANA, JOSEPH M SR.  
Address: 655 TALLAHASSEE DRIVE NE  
City-St-Zip: ST. PETERSBURG, FL 33702 US

Title: MGR  
Name: JOSEPH, FONTANA M JR  
Address: 125 43RD AVENUE NE  
City-St-Zip: ST. PETERSBURG, FL 33703 US

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: JOSEPH M FONTANA JR MGR 03/30/2010

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