

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000009056

1. Entity Name
ALLEN ENTERPRISES, LLC



Principal Place of Business
**2290 SHORE LANE
BOCA GRANDE, FL 33921**

Mailing Address
**PO BOX 1172
BOCA GRANDE, FL 33921-1172**



01092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202**

**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, the registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ALLEN, BARRY
2290 SHORE LANE, PO BOX 1172
BOCA GRANDE, FL 339211172**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000588673
01/17/07-80081-016 50.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/9/07

941-964-2244
720-334-2020