

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90177 020 ***138.75

DOCUMENT # L02000001048

1. Entity Name

ALLURE HOMES, LLC



Principal Place of Business

1445 N RONALD REAGAN BLVD
LONGWOOD FL 32750

Mailing Address

1445 N RONALD REAGAN BLVD
LONGWOOD FL 32750



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

45-0464913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALPER, JONATHAN ESO.
274 KIPLING COURT
HEATHROW FL 32746

Name

Robley Buehler

Street Address (P.O. Box Number is Not Acceptable)

1445 N. Ronald Reagan Blvd.

City

Longwood

FL

Zip Code

32750

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

[Signature]

Robley Buehler

2-19-8

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

(NOTE: Registered Agent's signature required when renewing)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM ☐ Delete
NAME BUEHLER, ALBERT
STREET ADDRESS 1445 N RONALD REAGAN BLVD
CITY- ST- ZIP LONGWOOD FL 32750

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGRM ☐ Delete
NAME BUEHLER, ROBLEY
STREET ADDRESS 1445 N RONALD REAGAN BLVD
CITY- ST- ZIP LONGWOOD FL 32750

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGRM ☐ Delete
NAME BANNON, GARY
STREET ADDRESS 1445 N RONALD REAGAN BLVD
CITY- ST- ZIP LONGWOOD FL 32750

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X

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

Robley Buehler

2-19-8

Date

Daytime Phone #