

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90179 019 ****50.00

DOCUMENT # L02000001137

1. Entity Name
ALLERTON AND ASSOCIATES, L.L.C.



Principal Place of Business
545 KAREN AVE
ALTAMONTE SPRINGS, FL 32701

Mailing Address
545 KAREN AVE
ALTAMONTE SPRINGS, FL 32701



01242006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0023229

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

ALLERTON, THOMAS D
545 KAREN AVE
ALTAMONTE SPRINGS, FL 32701

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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 Thomas D Allerton, Sr. 1-25-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ALLERTON, THOMAS D
STREET ADDRESS	545 KAREN AVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	MGRM
NAME	ALLERTON, LOUISE
STREET ADDRESS	545 KAREN AVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	MGRM
NAME	GUTHMAN, SUE ANN
STREET ADDRESS	4587 Kettering Dr.
CITY-ST-ZIP	Roswell, GA 30075
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Thomas D Allerton, Sr. 1-25-06 407-339-9085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #