

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019913

FILED
Apr 29, 2009
Secretary of State

Entity Name: OWEN ALLEN, LLC

Current Principal Place of Business:

430 N. ORLANDO AVENUE
SUITE 100
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

430 N. ORLANDO AVENUE
SUITE 100
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 45-0490478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWEN, MARIAN L
1509 SUNSET POINTE PLACE
KISSIMMEE, FL 34744 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: MGR () Delete
Name: OWEN, PHILLIP C
Address: 1509 SUNSET POINTE PLACE
City-St-Zip: KISSIMMEE, FL 34744

Title: MGR () Delete
Name: OWEN, MARIAN L
Address: 1509 SUNSET POINTE PL.
City-St-Zip: KISSIMMEE, FL 34744

Title: MGR () Delete
Name: OWEN, AMY R
Address: 430 N ORLANDO AVE STE 100
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: AMY OWEN

MGR

04/29/2009

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