

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90039 050 ****50.00

DOCUMENT # L04000011585

1. Entity Name

ALLYN JON PALMER LLC



Principal Place of Business

1306 ALDERMAN ROAD EAST
JACKSONVILLE FL 32211

Mailing Address

P.O. BOX 8519
JACKSONVILLE FL 32239

2. Principal Place of Business

11237 Water Spring Circle

3. Mailing Address

Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/05)

City & State

Jacksonville, FL

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALMER, ALLYN J
1306 ALDERMAN ROAD EAST
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name Palmer, Allyn J.

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

11237 Water Spring Circle

City Jacksonville

FL

Zip Code

32256

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-06

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME PALMER, ALLYN J
STREET ADDRESS 1306 ALDERMAN ROAD EAST
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE MGRM ☐ Delete
NAME PALMER, ALLYN J
STREET ADDRESS 1306 ALDERMAN ROAD EAST
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 11237 Water Spring Circle
CITY-ST-ZIP Jacksonville, FL 32256

TITLE ☒ Change ☐ Addition
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STREET ADDRESS 11237 Water Spring Circle
CITY-ST-ZIP Jacksonville, FL 32256

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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:

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

Date

Daytime Phone

4-25-06 904-504-2614