

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90039 006 ****50.00

DOCUMENT # L04000045454

1. Entity Name
J. RICHARD ALLISON AND ASSOCIATES, LLC



Principal Place of Business
230 S COUNTY RD
PALM BEACH, FL 33480 US

Mailing Address
230 S. County Rd
Palm Beach, FL 33480

60001518



01042006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1268830

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GULLO, ARLENE L
230 S COUNTY RD
PALM BEACH, FL 33480

**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 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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GULLO, ARLENE L
230 S COUNTY RD
PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
RAY, JEFFREY I
230 S COUNTY RD
PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ALLISON, ROBERT J
230 S COUNTY RD
PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #