

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000006806

1. Entity Name  
ALLEN RAY MCGINNIS ARCHITECT LLC



Principal Place of Business  
1496 PINE STREET  
NICEVILLE, FL 32578

Mailing Address  
P O BOX 5010  
NICEVILLE, FL 32578

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**



01122007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2208169

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MCGINNIS, ALLEN R  
1496 PINE STREET  
NICEVILLE, FL 32578

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	MCGINNIS, ALLEN R
STREET ADDRESS	1496 PINE STREET
CITY-ST-ZIP	NICEVILLE, FL 32578

TITLE	
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CITY-ST-ZIP	

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100000590463  
01/18/07-80058-001 50.00

**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:** Allen Ray McGinnis - ALLEN RAY MCGINNIS

1/16/07

850-897-4004

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

Date

Daytime Phone #