

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90358 045 ****50.00

DOCUMENT # L05000049124

1. Entity Name
ALLENTOWN ENTERPRISES, LLC



Principal Place of Business

5567 ALLENTOWN RD
MILTON, FL 32570 US

Mailing Address

5567 ALLENTOWN RD
MILTON, FL 32570 US

2. Principal Place of Business - No P.O. Box #
5891 OGLESBY RD

3. Mailing Address
5891 OGLESBY RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302007 Chg-LLC CR2E083 (12/06)

City & State
MILTON, FL 32570 US

City & State
MILTON, FL 32570 US

4. FEI Number
34-2047092

Applied For
Not Applicable

Zip
32570

Country
US

Zip
32579

Country
US

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

6. Name and Address of Current Registered Agent

JERNIGAN, JASON M
5567 ALLENTOWN RD
MILTON, FL 32570

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reinstalling)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
JERNIGAN, JASON M
5567 ALLENTOWN RD 5891 OGLESBY RD
MILTON, FL 32570

☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Jason Jernigan
Jason Jernigan

4-30-07

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

Date

Daytime Phone #