

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 07, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L05000109125

1. Entity Name  
ALLMAN'S LLC



Principal Place of Business  
380 COUNTY ROAD 90 EAST  
BUNNELL, FL 32110 US

Mailing Address  
PO BOX 1398  
BUNNELL, FL 32110 US



02282007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
42-1683846

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

ALLMAN, BENITA L  
380 COUNTY ROAD 90 EAST  
BUNNELL, FL 32110

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ALLMAN, BENITA L  
380 COUNTY ROAD 90 EAST  
BUNNELL, FL 32110

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ALLMAN, WILLIAM P  
380 COUNTY ROAD 90 EAST  
BUNNELL, FL 32110

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
NOBLES, III, DONALD L  
380 COUNTY ROAD 90 EAST  
BUNNELL, FL 32110

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000762670  
05/29/07-80017-025 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:**

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

Date

Daytime Phone #

*Benita Allman* BENITA ALLMAN 5/1/07 437 2508 (386)