

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109125

FILED
Apr 14, 2009
Secretary of State

Entity Name: ALLMAN'S LLC

Current Principal Place of Business:

380 COUNTY ROAD 90 EAST
BUNNELL, FL 32110 US

New Principal Place of Business:

Current Mailing Address:

380 COUNTY ROAD 90 EAST
BUNNELL, FL 32110 US

New Mailing Address:

FEI Number: 42-1683846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALLMAN, BENITA L
Address: 380 COUNTY ROAD 90 EAST
City-St-Zip: BUNNELL, FL 32110 US

Title: MGRM () Delete
Name: ALLMAN, WILLIAM P
Address: 380 COUNTY ROAD 90 EAST
City-St-Zip: BUNNELL, FL 32110 US

Title: VP (X) Delete
Name: NOBLES, III, DONALD L
Address: 380 COUNTY ROAD 90 EAST
City-St-Zip: BUNNELL, FL 32110 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BENITA L ALLMAN

MGRM

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date