

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036544

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: ALLENSMITH SERVICES, L.L.C.

**Current Principal Place of Business:**

5085 PATTERSON LANE  
PACE, FL 32571

**New Principal Place of Business:**

**Current Mailing Address:**

5085 PATTERSON LANE  
PACE, FL 32571

**New Mailing Address:**

FEI Number: 20-4721811

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ALLEN, PETER W  
5085 PATTERSON LANE  
PACE, FL 32571 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: ALLEN, PETER W  
Address: 5085 PATTERSON LANE  
City-St-Zip: PACE, FL 32571

Title: MGRM ( ) Delete  
Name: SMITH, JACOB  
Address: 5424 CAMILLE GARDENS CIRCLE  
City-St-Zip: MILTON, FL 32570

**ADDITIONS/CHANGES:**

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: PETER ALLEN

MGRM

04/17/2009

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