

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000078056

1. Entity Name
A & O DEVELOPMENT, L.L.C.



08 APR 14 PM 1:23

Principal Place of Business
439 S. FLORIDA AVENUE, #300
LAKELAND, FL 33801

Mailing Address
439 S. FLORIDA AVENUE, #300
LAKELAND, FL 33801



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102008 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-8157112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, EDWARD A
500 S. FLORIDA AVENUE, #340
LAKELAND, FL 33801

Name

MARK E. Clements

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

310 EAST MAIN STREET

City

LAKELAND

FL

Zip Code
33801

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 the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ALLEN, EDWARD A
439 S. FLORIDA AVENUE, #300
LAKELAND, FL 33801 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Allen Enterprises International, INC
439 S. Florida Ave. #300
LAKELAND, FL 33801 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
OLSEN, DAVID L
439 S. FLORIDA AVENUE, #300
LAKELAND, FL 33801 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
The Olson Group of Ohio LLC
439 S. Florida Avenue #300
LAKELAND, FL 33801 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
100123196031
04/14/08--01003--012 **598.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/11/08

Date

Daytime Phone #

15-RA
#138