

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106674

Entity Name: ALLMON & CO., LLC

FILED
Sep 03, 2008
Secretary of State

Current Principal Place of Business:

13710 49TH STREET NORTH
UNIT A - 1
CLEARWATER, FL 33762

New Principal Place of Business:

11901 4TH ST N
ST PETERSBURG, FL 33716

Current Mailing Address:

13710 49TH STREET NORTH
UNIT A - 1
CLEARWATER, FL 33762

New Mailing Address:

11901 4TH ST N
ST PETERSBURG, FL 33716

FEI Number: 20-8334095 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BRINKLEY, LINSTER E JR.
146 SECOND STREET NORTH
SUITE 310
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

HASTINGS, DAVID C CPA
2207 54TH ST S
GULFPORT, FL 33707 US

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: DAVID C HASTINGS CPA

09/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALLMON, JOHN D JR.
Address: 3001 PASS A GRILLE WAY
City-St-Zip: ST. PETE BEACH, FL 33706

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALLMON, JOHN D JR.
Address: 11901 4TH ST N
City-St-Zip: ST. PETERSBURG, FL 33716

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: JOHN ALLMON

MGR

09/03/2008

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