

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000063848

**FILED**  
**Jul 27, 2008**  
**Secretary of State**

**Entity Name:** ALLSTATE GENERAL CONTRACTORS & DEVELOPERS LLC

**Current Principal Place of Business:**

2402 N.E. 135 ST  
SUITE 02  
MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 612363  
MIAMI,FL, 33261

**New Mailing Address:**

P.O.BOX 612363  
MIAMI,, FL 33261

FEI Number: 26-0790044

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIPES, JASON  
2402 N.E. 135 ST  
MIAMI, FL 33181 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: MGR ( ) Delete  
Name: FIORENTINO, CHRISTOPHER M  
Address: 2416 N.E. 135 ST  
City-St-Zip: MIAMI,, FL 33181

Title: MGRM ( ) Delete  
Name: SIPES, JASON  
Address: 2402 NE 135 ST  
City-St-Zip: N. MIAMI, FL 33181

**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: CHRISTOPHER FIORENTINO

MGR

07/27/2008

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