

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000080025

**Entity Name:** ALLTON ENTERPRISES, L.L.C.

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4748 TURKEY SCRATCH WAY  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 56913  
JACKSONVILLE, FL 32241

**New Mailing Address:**

**FEI Number:** 90-0595640

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLTON, CINDY B  
4748 TURKEY SCRATCH WAY  
JACKSONVILLE, FL 32257 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  
**Name:** ALLTON, CINDY B  
**Address:** 4748 TURKEY SCRATCH WAY  
**City-St-Zip:** JACKSONVILLE, FL 32257

I hereby 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: CINDY ALLTON

MGRM

05/01/2011

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