

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000080025

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

**FILED**  
**Apr 24, 2012**  
**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:**

ALLTON, CINDY B  
4748 TURKEY SCRATCH WAY  
JACKSONVILLE, FL 32257 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: CINDY ALLTON

04/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
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

PRES

04/24/2012

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