

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90148 008 ****50.00

DOCUMENT # L98000000989

1. Entity Name

ALLEN ENTERPRISES OF SARASOTA, L.L.C.



Principal Place of Business

1889 N. TAMIAMI TRAIL
SARASOTA FL 34234

Mailing Address

1889 N. TAMIAMI TRAIL
SARASOTA FL 34234

2. Principal Place of Business

3. Mailing Address

2710 DICK WILSON DRIVE 2710 DICK WILSON DRIVE
Suite, Apt. #, etc. Suite, Apt. #, etc.



MOORE CR2E083 (4/04)

City & State

SARASOTA FL

Zip
34240

Country

USA

City & State

SARASOTA FL

Zip
34240

Country

USA

4. FEI Number

65-0850505

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, DAVIDEN S JR.
1889 N. TAMIAMI TRAIL
SARASOTA FL 34234

7. Name and Address of New Registered Agent

Name ALLEN, DAVID S. JR.

Street Address (P.O. Box Number is Not Acceptable)
2710 DICK WILSON DRIVE

City SARASOTA

FL

Zip Code 34240

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]

DAVID S ALLEN JR

MGRM 8/7/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ALLEN, DAVID S JR.
STREET ADDRESS 1889 TAMIAMI TRAIL NORTH
CITY-ST-ZIP SARASOTA FL 34242 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME ALLEN, DAVID S JR.
STREET ADDRESS 2710 DICK WILSON DRIVE
CITY-ST-ZIP SARASOTA, FL 34240 ☒ Change ☐ Addition

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

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

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

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

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 exemption stated in Section 119.07(3)(i), 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]

DAVID S. ALLEN JR

8/7/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #