

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (ART)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000000989	
1. Entity Name ALLEN ENTERPRISES OF SARASOTA, L.L.C.	

Principal Place of Business 2710 DICK WILSON DRIVE SARASOTA FL 34240	Mailing Address 2710 DICK WILSON DRIVE SARASOTA FL 34240
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

4. FEI Number 65-0850505	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALLEN, DAVID S JR 2710 DICK WILSON DRIVE SARASOTA FL 34240		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALLEN, DAVID S JR. 2710 DICK WILSON DRIVE SARASOTA FL 34240	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000422521 02/17/06-80020-005 55.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	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 exemptions contained in Section 119, 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:  **2/2/06 941-356-5225**