

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90078 047 ****55.00

DOCUMENT # L98000002005

1. Entity Name

ALLEN SERVICES, L.C.



Principal Place of Business

514 HIGHVIEW CIRCLE NORTH
BRANDON FL 33510-2403

Mailing Address

P.O. BOX 627
MANGO FL 33550-0627

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SHERBUK, STEVE
1704 EVANS DRIVE
CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name DAVID KOLASA

Street Address (P.O. Box Number is Not Acceptable)
12841 COUNTRY GLEN

City COOPER CITY

FL 33330

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, 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 May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME ALLEN, STANLEY J
STREET ADDRESS 514 HIGHVIEW CIRCLE NORTH
CITY-ST-ZIP BRANDON FL 33510-2403

TITLE MGR ☐ Delete
NAME ALLEN, EVELYN E
STREET ADDRESS 514 HIGHVIEW CIRCLE NORTH
CITY-ST-ZIP BRANDON FL 33510-2403

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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

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:

STANLEY J. ALLEN V.P.

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

Date

Daytime Phone #

4-12-05 813
603-7495