2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000002005

1. Entity Name
ALLEN SERVICES, L.C.

Principal Place of Business	Mailing Address
514 HIGHVIEW CIRCLE NORTH BRANDON, FL 33510-2403	P.O. BOX 627 MANGO, FL 33550-0627

DO NOT WRITE IN THIS SPACE

01052006No Chg-LLC CRZE083 (11/05)

4. FEI Number
59-3542472

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KOLASA, DAVID
12841 COUNTRY GLEN
COOPER CITY, FL 33330

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ALLEN, STANLEY J
STREET ADDRESS	514 HIGHVIEW CIRCLE NORTH
CITY-ST-ZIP	BRANDON, FL 335102403
TITLE	MGR
NAME	ALLEN, EVELYN E
STREET ADDRESS	514 HIGHVIEW CIRCLE NORTH
CITY-ST-ZIP	BRANDON, FL 335102403
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000414355
02/11/06-80027-024 55.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ 1-27-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #