2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 25 PM 3:23

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07/27/07--01015--001 **55.00

DOCUMENT # L98000002005

1. Entity Name
ALLEN SERVICES, L.C.

Principal Place of Business	Mailing Address
4624 WYLEY AVE DURANT, FL 33530	PO BOX 700 MANGO, FL 33550

07122007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10626 SKEWLEE	PO BOX 1722
~~Suite, Apt. #, etc.~~ GARDENS DR	Suite, Apt. #, etc.
City & State: THONOTOSASSA FL	City & State: SEFFNER FL
Zip: 33592 Country: HILLSBOROUGH	Zip: 33583 Country: HILLSBOROUGH

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	7. Name and Address of New Registered Agent
KOLASA, DAVID 12841 COUNTRY GLEN COOPER CITY, FL 33330	Name: ALLEN, STANLEY Street Address (P.O. Box Number is Not Acceptable): 514 HIGHVIEW CIR N City: BRANDON FL Zip Code: 33510

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: _____ 7/15/07
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ALLEN, STANLEY J 514 HIGHVIEW CIRCLE NORTH BRANDON, FL 335102403	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR OWENS, KEVIN 4624 WYLEY AVE DURANT, FL 33530	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OWENS, KEVIN 10626 SKEWLEE GARDENS DR THONOTOSASSA FL 33592	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OWENS, TERRY 10626 SKEWLEE GARDENS DR THONOTOSASSA FL 33592	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BLT	☐ Change ☐ Addition

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: _____ 7-17-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #