2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 03, 2008
Secretary of State

DOCUMENT# L98000002005

Entity Name: ALLEN SERVICES, L.C.

Current Principal Place of Business:

10626 SKEWLEE GARDENS DR.
THONOTOSASSA, FL 33592

New Principal Place of Business:

Current Mailing Address:

PO BOX 1722
SEFFNER, FL 33583

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ALLEN, STANLEY
514 HIGHVIEW DR. N.
BRANDON, FL 33510 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	ALLEN, STANLEY J	
Address:	514 HIGHVIEW CIRCLE NORTH	
City-St-Zip:	BRANDON, FL 335102403	
Title:	MGR	( ) Delete
Name:	OWENS, KEVIN	
Address:	10626 SKEWLEE GARDENS DR.	
City-St-Zip:	THONOTOSASSA, FL 33592	
Title:	MGR	( ) Delete
Name:	OWENS, TERRY	
Address:	10626 SKEWLEE GARDENS DR.	
City-St-Zip:	THONOTOSASSA, FL 33592	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TERRY OWENS MGR 09/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date