

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90032 042 ****55.00

DOCUMENT # M06000006465
 1. Entity Name
ALL PHASE CONSTRUCTION SERVICES LLC



Principal Place of Business Mailing Address
4464 ATWOOD CAY CIRCLE **4464 ATWOOD CAY CIRCLE**
SARASOTA, FL 34233 **SARASOTA, FL 34233**

2. Principal Place of Business - No P.O. Box # 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

BREIJAK, MARK L
~~22206 MONTROSE AVENUE~~ *4464 Atwood Cay Circle*
~~PORT CHARLOTTE, FL 33952~~ *Sarasota, FL 34233*

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07052007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
38-2739626 Not Applicable

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

7. Name and Address of New Registered Agent

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 _____

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BREIJAK, MARK 44156 ELIZABETH ROAD CLINTON TWP, MI 48036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 *Mark L. Breijak* Date *7-5-07* Daytime Phone # *941-625-4810*