

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000053963

1. Entity Name
A-1 ALL PROFESSIONAL MOVERS, LLC



Principal Place of Business
**5465 NW 23RD PLACE
OCALA, FL 34482**

Mailing Address
**5465 NW 23RD PLACE
OCALA, FL 34482**



01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1629246

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRIS, WELDON D
5465 NW 23RD PLACE
OCALA, FL 34482**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HARRIS, WELDON D
5465 NW 23RD PLACE
OCALA, FL 34482**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HARRIS, LINDA
5465 NW 23RD PLACE
OCALA, FL 34482**

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

U00000539759
01/25/07-80041-002 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: _____

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

Date

Daytime Phone #

Weldon D. Harris
1-22-07