

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90023 041 ***138.75

DOCUMENT # L04000034173	
1. Entity Name ALL AMERICAN IPA, LLC	

Principal Place of Business 5350 SPRING HILL DR SPRING HILL FL 34606	Mailing Address 5350 SPRING HILL DR SPRING HILL FL 34606
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 4314 LANSON AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State SPRING HILL	City & State SPRING HILL	4. FEI Number 02-0668172	Applied For ☐ Not Applicable
Zip FL 34608	Country FL 34608	5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BATISTA, JOHN 445 MARINER BLVD SPRING HILL FL 34609

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.

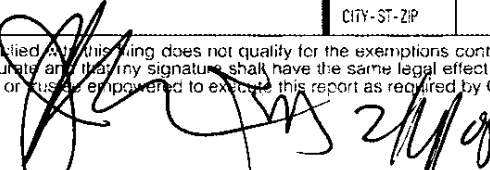
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AURO S MANAGEMENT, LLC 5350 SPRING HILL DR SPRING HILL FL 34606 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BATISTA, JOHN 445 MARINER BLVD SPRING HILL FL 34609 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAYAN, JAY 12900 CORTEZ BLVD SUITE 102 BROOKSVILLE FL 34613 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied 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:  **3526843535**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #