2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# L03000053963

Entity Name: A-1 ALL PROFESSIONAL MOVERS, LLC

Current Principal Place of Business:

5465 NW 23RD PLACE
OCALA, FL 34482

New Principal Place of Business:

1015 S.E. 46TH STREET
OCALA, FL 34480

Current Mailing Address:

5465 NW 23RD PLACE
OCALA, FL 34482

New Mailing Address:

1015 S.E. 46TH STREET
OCALA, FL 34480

FEI Number: 84-1629246 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HARRIS, WELDON D
1015 S.E. 46TH STREET
OCALA, FL 34480 US

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: 04/24/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HARRIS, WELDON D
Address: 5465 NW 23RD PLACE
City-St-Zip: OCALA, FL 34482

Title: MGRM ( ) Delete
Name: HARRIS, LINDA
Address: 5465 NW 23RD PLACE
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HARRIS, WELDON D
Address: 1015 S.E. 46TH STREET
City-St-Zip: OCALA, FL 34480

Title: MGRM (X) Change ( ) Addition
Name: HARRIS, LINDA
Address: 1015 S.E. 46TH STREET
City-St-Zip: OCALA, FL 34480

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: LINDA HARRIS MGRM 04/24/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date