

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000085823

Entity Name: ALL AMERICAN EMPLOYER SERVICES LLC

Current Principal Place of Business:

6202 NORTH 9TH AVE
STE 6
PENSACOLA, FL 32505

Current Mailing Address:

25 W. CEDAR STREET SUITE 400
PENSACOLA, FL 32502 US

FEI Number: 27-0670619

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COSCI, MATT A MATT COSCI
6202 NORTH 9TH AVE
STE 6
PENSACOLA, FL 32505 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: MATT COSCI

04/12/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name FLORES, RAYMOND G
Address 25 W. CEDAR STREET SUITE 400
City-State-Zip: PENSACOLA FL 32502

Title MGRM
Name SMITH, GREGORY A
Address 25 W. CEDAR STREET SUITE 400
City-State-Zip: PENSACOLA FL 32502

Title MGRM
Name COSCI, MATTHEW A
Address 25 W. CEDAR STREET SUITE 400
City-State-Zip: PENSACOLA FL 32502

Title MGR
Name MATHIS INSURANCE & INVESTMENTS
INC
Address 25 W. CEDAR STREET SUITE 400
City-State-Zip: PENSACOLA FL 32502

Title MGR
Name PAYROLL SERVICES INC
Address 25 W. CEDAR STREET SUITE 400
City-State-Zip: PENSACOLA FL 32502

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MATTHEW COSCI

MANAGING MEMBER

04/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date