

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000085823

Entity Name: ALL AMERICAN EMPLOYER SERVICES LLC**Current Principal Place of Business:**25 W. CEDAR STREET SUITE 400
PENSACOLA, FL 32502**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:**FLORES, RAYMOND G
25 W. CEDAR STREET SUITE 400
PENSACOLA, FL 32502 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:**_____
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAYMOND G. FLORES**MANAGING MEMBER****04/30/2013**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date