2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000085841

Entity Name: ALL RELATED SERVICES, LLC

Current Principal Place of Business:

3501 W VINE ST SUITE 506 KISSIMMEE, FL 34741

Current Mailing Address:

3501 W VINE ST SUITE 506 KISSIMMEE, FL 34741 US

FEI Number: 27-0867687

Name and Address of Current Registered Agent:

UZCATEGUI, TRINA 3501 W VINE ST SUITE 506 KISSIMMEE, FL 34741 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

Authorized Percen(c) Detail :

| Authorized Person(s) Detail : | | | | |
|-------------------------------|-----------------------------|-----------------|-----------------------------|--|
| Title | MGR | Title | MANAGER | |
| Name | UZCATEGUI, SIMON D | Name | UZCATEGUI, SIMON | |
| Address | 3501 W VINE ST SUITE 506 | Address | 3501 W VINE ST SUITE 506 | |
| City-State-Zip: | KISSIMMEE FL 34741 | City-State-Zip: | KISSIMMEE FL 34741 | |
| Title | AUTHORIZED REPRESENTATIVE | | | |
| Name | UZCATEGUI, TRINA | | | |
| Address | 3501 W VINE ST SUITE 506 | | | |
| City-State-Zip: | KISSIMMEE FL 34741 | | | |

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: TRINA UZCATEGUI

AUTHORIZED REP

04/22/2015

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 22, 2015 Secretary of State CC4143248080

Certificate of Status Desired: No

Date