

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000257981

**Entity Name:** ALL PHASE ADJUSTERS, LLC

**Current Principal Place of Business:**

906 LISA CIRCLE  
LEESBURG, FL 34788

**Current Mailing Address:**

P.O BOX 103  
CALEDONIA, MI 49316 US

**FEI Number: 19-0002579**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

YONKERS, JAMES A  
906 LISA CIRCLE  
LEESBURG, FL 34788 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            AMBR  
Name            FULLER, JOHN  
Address        P.O BOX 103  
City-State-Zip: CALEDONIA MI 49316

*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: JOHN EDWARD FULLER**

**OWNER**

**03/11/2022**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date