

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000247515

**Entity Name:** ALL IT, LLC

**Current Principal Place of Business:**

560 VILLAGE BLVD  
SUITE 120 #31  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

560 VILLAGE BLVD  
SUITE 120 #31  
WEST PALM BEACH, FL 33409

**FEI Number:** 85-2675516

**Certificate of Status Desired:** No

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

CASPER, THOMAS J  
560 VILLAGE BLVD  
SUITE 120 #31  
WEST PALM BEACH, FL 33409 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 MGR  
Name CASPER, THOMAS J  
Address 560 VILLAGE BLVD SUITE 120 #31  
City-State-Zip: WEST PALM BEACH FL 33409

*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:** THOMAS J CASPER

MGR

04/07/2021

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

\_\_\_\_\_  
Date