

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90091 013 \*\*\*\*55.00

DOCUMENT #

L01000006098

1. Entity Name:

ALL-Time Services LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2927 Windswept Dr

Suite, Apt. #, etc.

3. Mailing Address

2927 Windswept Dr

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jarantana, FL

City & State

Jarantana, FL

4. FEI Number

65-1099067

Applied For

Not Applicable

Zip

33462

Country

U.S.A.

Zip

33462

Country

U.S.A.

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Gabriel Medina

Street Address (P.O. Box Number is Not Acceptable)

2927 Windswept Dr

Jarantana

City

FL

Zip Code

33462

**DO NOT WRITE  
IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

Manager.

6/27/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
Gabriel Hernandez Medina  
2927 Windswept Dr  
Jarantana, FL 33462

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
Sandra Patricia Villate  
2927 Windswept Dr  
Jarantana, FL 33462

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Gabriel H. Medina 6/27/02

Date

Daytime Phone #

CR2E083B (12/01)



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

August 23, 2002

ALL-TIME SERVICES LLC  
2927 WINDSWEEP DR.  
LANTANA, FL 33462

SUBJECT: ALL-TIME SERVICES LLC  
Ref. Number: L01000006098

We have received your document for ALL-TIME SERVICES LLC and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The fee to file the enclosed annual report/uniform business report is \$50.00. If a certificate of status is desired, please add an additional \$5.00.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section  
Division of Corporations Letter Number: 202A00047890