FILED
Apr 21, 2003 8:00 am
Secretary of State
04-02-2003 90011 046 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

55027769

DOCUMENT #L01000006098

1. Entity Name
ALL-TIME SERVICES LLC

Principal Place of Business	Mailing Address
2927 WINDSWEPT DR LANTANA, FL 33462	2927 WINDSWEPT DR LANTANA, FL 33462

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 2827 Helm Ct	Suite, Apt. #, etc.: 2827 Helm Ct.
City & State: Lantana Florida	City & State: Lantana Florida
Zip: 33462 Country: E.U.	Zip: 33462 Country: E.U.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1099067 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MEDINA, GABRIEL
2927 WINDSWEPT DR
LANTANA, FL 33462

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4/14/03 DATE

Signature, typed or printed name of Registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Report Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: HERNANDO MEDINA, GABRIEL STREET ADDRESS: 2927 WINDSWEPT DR CITY-ST-ZIP: LANTANA, FL 33462	☐ Delete	TITLE: MGR NAME: Hernando Medina Gabriel STREET ADDRESS: 2827 Helm Ct CITY-ST-ZIP: Lantana FL 33462	☒ Change ☐ Addition
TITLE: MGR NAME: PATRICIA VILLATE, SANDRA STREET ADDRESS: 2927 WINDSWEPT DR CITY-ST-ZIP: LANTANA, FL 33462	☐ Delete	TITLE: MGR NAME: Patricia Villate, Sandra STREET ADDRESS: 2827 Helm Ct CITY-ST-ZIP: Lantana FL 33462	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E063 (10/02)

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] 4/14/03 (561)963-6905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #