2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Jan 24, 2005 08:00 AM DOCUMENT # L03000000530 **Secretary of State** 1. Entity Name ALL AMERICAN CHRISTIAN COUNSELING CENTER, LLC Mailing Address Principal Place of Business .__ 201 BARRY COURT LONGWOOD FL 32779 201 BARRY COURT LONGWOOD FL 32779 3. Mailing Address 2. Principal Place of Business_ Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) Applied For City & State City & State 4. FEI Number 11-2643611 Not Applicable Country \$5.00 Additional Žíp Country Zισ П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEMRO & DEMRO, CPA'S PA 1404 EAST ROBINSON STREET Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 Zip Code City 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. (NCTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title I applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Change ☐ Addition MGRM HILE TITLE Delete NAME NAME CARTER, MARIANNA STREET ADDRESS 201 BARRY COURT STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST- /IP ☐ Change Addition ☐ Delete THEF TITO F U00000190847 NAME 01/24/05-80150-008 50.00 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE HILE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition THE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZE Change ☐ Addition Defete THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST ZIP CITY-ST-ZIP ☐ Change Addition THEE Delele THLE NAME NAME STREET ADDRESS STREET ADDRESS C(17-S1-7)P CITY-ST-ZIP 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.

FILED