

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009492

Entity Name: ALL ACCOUNTING SERVICES, LLC

FILED
Jan 09, 2007
Secretary of State

Current Principal Place of Business:

18085 S DIXIE HWY
MIAMI, FL 33157

New Principal Place of Business:

18085 SOUTH DIXIE HWY
MIAMI, FL 33157

Current Mailing Address:

18085 S DIXIE HWY
MIAMI, FL 33157

New Mailing Address:

18085 SOUTH DIXIE HWY
MIAMI, FL 33157

FEI Number: 45-0505657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBALCABAL, LUIS M
18085 S DRIVE HWY
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

RUBALCABAL, LUIS M
18085 SOUTH DIXIE HWY
MIAMI, FL 33157 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: LUIS M. RUBALCABAL

01/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RUBALCABAL, LUIS M
Address: 17833 S. DIXIE HWY.
City-St-Zip: MIAMI, FL 33157

Title: MGR () Delete
Name: RUBALCABAL, SILVIA
Address: 17833 S. DIXIE HWY.
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RUBALCABAL, LUIS M
Address: 17833 SOUTH DIXIE HWY.
City-St-Zip: MIAMI, FL 33157

Title: MGR (X) Change () Addition
Name: RUBALCABAL, SILVIA
Address: 17833 SOUTH DIXIE HWY.
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: LUIS M. RUBALCABAL

MGR

01/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date