## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## DOCUMENT # L03000025026

1. Entity Name

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP



Feb 06, 2006 8:00 am **Secretary of State** 02-06-2006 90176 018 \*\*\*\*55.00

FILED

ALL FAMILY FINANCIAL, LLC Principal Place of Business Mailing Address 522 GARLAND CIRCLE 522 GARLAND CIRCLE INDIAN ROCKS BEACH FL 33785 INDIAN ROCKS BEACH FL 33785 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 38-3681376 Y Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OVERTON, MICHEAL T Street Address (P.O. Box Number is Not Acceptable) **522 GARLAND CIRCLE INDIAN ROCKS BEACH FL 33785** City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE Change ■ Addition OVERTON, MICHEAL T NAME STREET ADDRESS 522 GARLAND CIRCLE STREET ADDRESS CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NOVA, LORI L NAME 1110 E Court Street STREET ADDRESS STREET ADDRESS 410 E. COURT ST CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34689 TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

AGER, OR AUTHORIZED REPRESENTATIVE

☐ Change

Addition