

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039994

Entity Name: ALL FLOWERS, LLC

FILED  
Mar 06, 2007  
Secretary of State

**Current Principal Place of Business:**

1951 PINE RIDGE RD UNIT 105  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

3947 MONTESINO DRIVE  
ROCKLEDGE, FL 32955

**New Mailing Address:**

FEI Number: 56-2442914

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRISSOM, IRENE A  
3947 MONTESINO DRIVE  
ROCKLEDGE, FL 32955 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: D ( ) Delete  
Name: ALBERICI, ADOLPH D  
Address: 5803 CHARLTON WAY  
City-St-Zip: NAPLES, FL 34119

Title: D ( ) Delete  
Name: GRISSOM, IRENE A  
Address: 3947 MONTESINO DRIVE  
City-St-Zip: ROCKLEDGE, FL 32955

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: IRENE A GRISSOM

D

03/06/2007

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