

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051129

Entity Name: ALL MUSCLE L.L.C.

FILED  
Jan 16, 2009  
Secretary of State

**Current Principal Place of Business:**

159 RAYMOND OAKS CT  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

159 RAYMOND OAKS CT  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

FEI Number: 33-1077968      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CIESLAK, DAN  
159 RAYMOND OAKS CT  
ALTAMONTE SPRINGS, FL 32701      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: MGRM      ( ) Delete  
Name: CIESLAK, DAN D PRES  
Address: 159 RAYMOND OAKS COURT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: CIESLAK, SALLY J V-P  
Address: 159 RAYMOND OAKS COURT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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 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: DAN CIESLAK

MGRM

01/16/2009

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