

FILED
Jan 18, 2006 08:00 AM
Secretary of State

1. Entity Name
A-1 ALL PROFESSIONAL MOVERS, LLC



5465 NW 23RD PLACE
OCALA, FL 34482

5465 NW 23RD PLACE
OCALA, FL 34482

DO NOT WRITE IN THIS SPACE



CR2E083 (11/05)

Applied For
Not Applicable

☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HARRIS, WELDON D
5465 NW 23RD PLACE
OCALA, FL 34482

**DO NOT WRITE
IN THIS SPACE**

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 _____

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HARRIS, WELDON D
STREET ADDRESS	5465 NW 23RD PLACE
CITY-ST-ZIP	OCALA, FL 34482

TITLE	MGRM
NAME	HARRIS, LINDA
STREET ADDRESS	5465 NW 23RD PLACE
CITY-ST-ZIP	OCALA, FL 34482

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

01/28/06-80014-017 55.00

**DO NOT WRITE
IN THIS SPACE**

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

WELDON HARRIS

SIGNATURE:

NAME: Weldon Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

1-17-66

352-209.3459

Dir

Davidson, Sharon A.