


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000053963

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



Principal Place of Business 5465 NW 23RD PLACE Ocala, FL 34482	Mailing Address 5465 NW 23RD PLACE Ocala, FL 34482
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01042007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1629246	Applied For Not Applicable
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5. Certificate of Status Desired **\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRIS, WELDON D 5465 NW 23RD PLACE OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRIS, LINDA 5465 NW 23RD PLACE OCALA, FL 34482
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 01/25/07-80041-002 55.00

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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.

SIGNATURE: Weldon D. Harris **1-22-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #