## 2006 LIMITED LIABILITY COMPANY

## ANNUAL REPORT **DOCUMENT # L04000003731** 1. Entity Name ALL ÁROUND SERVICES, LLC

FILED Feb 02, 2006 08:00 AM **Secretary of State** 

Principal Place of Business

1700 NW 112 TERR CORAL SPRINGS, FL 33071 Mailing Address

1700 NW 112 TERR

CORAL SPRINGS, FL 33071

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01152006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 42-1615211

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

KLINE, DENNIS 1700 NW 112 TERR CORAL SPRINGS, FL 33071

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			,
	ove named entity submits this statement for the purpose of chaigations of registered agent.	inging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATU	BC	<u> </u>	
Jaiotto	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Flagistered Agent signature required when reinstating)	DATE
	Filing Fee is \$50.00 Due by May 1, 2006	·	000000415959 02/11/06-80103-013 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	KLINE, DENNIS	3.	

STREET ADDRESS 1700 NW 112 TERR CORAL SPRINGS, FL 33071 CITY-ST-ZIP TISSE KLEIN, RICHARD 621 CYPRESS POINTE DR STREET ADDRESS WEST PEMBROKE PINES, FL 33027 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 cath, that I am a managing member or manager of the limited ilability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/27/06 (954)448-8328