


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000003731  
 1. Entity Name  
 ALL AROUND SERVICES, LLC



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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**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 42-1615211	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLINE, DENNIS 1700 NW 112 TERR CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLEIN, RICHARD 621 CYPRESS POINTE DR WEST PEMBROKE PINES, FL 33027
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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: Dennis Kline 1/18/07 (954) 448-8328  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #