

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005389

**FILED**  
**Mar 23, 2006**  
**Secretary of State**

**Entity Name:** ALL-PRO RESTORATION, LLC

**Current Principal Place of Business:**

14532 DIPLOMAT DRIVE  
TAMPA, FL 33613

**New Principal Place of Business:**

10501 N. ASHLEY ST.  
TAMPA, FL 33612

**Current Mailing Address:**

14532 DIPLOMAT DRIVE  
TAMPA, FL 33613

**New Mailing Address:**

10501 N. ASHLEY ST.  
TAMPA, FL 33612

**FEI Number:** 20-0756340

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLASCIAK, MIKE  
14532 DIPLOMAT DRIVE  
TAMPA, FL 33613 US

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

BLASCIAK, MIKE  
1218 N. PINE LK.  
TAMPA, FL 33612 US

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:**

03/23/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** LINK, STEVE  
**Address:** 14532 DIPLOMAT DRIVE  
**City-St-Zip:** TAMPA, FL 33613

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** LINK, STEVE  
**Address:** 10501 N. ASHLEY ST.  
**City-St-Zip:** TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the 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:** S. LINK

PRES

03/23/2006

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