

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000067154

1. Entity Name

ALL FLORIDA INTERIOR EXTERIOR REPAIR, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 21 AM 9:51

Principal Place of Business

28 ROOKS BLUFF RD.
PONCE DE LEON FL 32455
US

Mailing Address

28 ROOKS BLUFF RD.
PONCE DE LEON FL 32455
US

2. Principal Place of Business

28 Rooks Bluff Rd

3. Mailing Address

28 Rooks Bluff Rd

2nd MOORE

CR2E083 (5/05)



City & State

PDL FL

City & State

PDL FL

4. FEI Number

34-2014665

Applied For

Not Applicable

Zip

32455

Country

USA

Zip

32455

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLIVER, MICHAEL P
28 ROOKS BLUFF RD.
PONCE DE LEON FL 32455

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 7, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME OLIVER, MICHAEL P
STREET ADDRESS 28 ROOKS BLUFF RD.
CITY-ST-ZIP PONCE DE LEON FL 32455

TITLE MGRM ☒ Delete
NAME WOODS, BRANDON K
STREET ADDRESS 21 ROOKS BLUFF RD.
CITY-ST-ZIP BRUCE FL 32455

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 800062328238
STREET ADDRESS 12/21/05--01043--006 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

12-19-05

Date

850-835-1832

Daytime Phone #