

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000067154

1. Entity Name

ALL FLORIDA INTERIOR EXTERIOR REPAIR, LLC



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

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

City & State

4. FEI Number

34-2014665

Applied For

Not Applicable

Zip

Country

Zip

Country

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 SAME

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

Michael Oliver MGR

MGR

Michael Oliver

4-24-06

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

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

☐ Delete

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10. ADDITIONS/CHANGES

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CITY- ST- ZIP

☐ Change ☐ Add

U00000534194
05/08/06-80002-006 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 606, Florida Statutes.

SIGNATURE:

Michael Oliver

4-24-06

850 835 18

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

Date

Daytime Phone #