

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075556

FILED
Feb 27, 2006
Secretary of State

Entity Name: ABOVE IT ALL SERVICES, LLC

Current Principal Place of Business:

198 FARMBROOK RD.
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

198 FARMBROOK RD.
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 20-1908324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORMAN, JOEL
198 FARMBROOK RD.
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FORMAN, JOEL
Address: 198 FARMBROOK RD.
City-St-Zip: PORT ORANGE, FL 32127

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: FORMAN, JOEL
Address: 198 FARMBROOK RD.
City-St-Zip: PORT ORANGE, FL 32127

Title: VP () Change (X) Addition
Name: MALAHOO, ANDREW
Address: 4862 WILLOW RUN WEST
City-St-Zip: ORLANDO, FL 32808

Title: D () Change (X) Addition
Name: KEY, SARAH
Address: P.O BOX 901383
City-St-Zip: HOMESTEAD, FL 33090

Title: D () Change (X) Addition
Name: PINE, TINA
Address: 955 NE 36TH AVE
City-St-Zip: HOMESTEAD, FL 33033

Title: MGR () Change (X) Addition
Name: BURNS, GEORGE
Address: P.O BOX 343030
City-St-Zip: FLORIDA CITY, FL 33034

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: JOEL FORMAN

P

02/27/2006

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