

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026174

Entity Name: ALL J'S CATERING, LLC

FILED  
Mar 24, 2007  
Secretary of State

## Current Principal Place of Business:

3131 THOMASVILLE RD  
C/O THOMASVILLE RD BAPTIST CHURCH  
TALLAHASSEE, FL 32308

## New Principal Place of Business:

2900 APALACHEE PARKWAY  
C/O FLORIDA DHSMV, 2ND FLOOR CAFETERIA  
TALLAHASSEE, FL 32399

## Current Mailing Address:

8832 GREEN OAK DR  
TALLAHASSEE, FL 32317

## New Mailing Address:

FEI Number: 20-2518111

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.  
8875 HIDDEN RIVER PKWY, STE 300  
TAMPA, FL 33637 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: MGRM ( ) Delete  
Name: STEPHENS, JERRY L  
Address: 8832 GREEN OAK DR  
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGRM ( ) Delete  
Name: STEPHENS, JEANINE  
Address: 8832 GREEN OAK DR  
City-St-Zip: TALLAHASSEE, FL 32317

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JERRY L. STEPHENS

MGRM

03/24/2007

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