2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
May 11, 2006 8:00 am
Secretary of State
04-17-2006 90033 007 ****50.00

DOCUMENT # L05000034288

1. Entity Name

ALL OUT LLC

Principal Place of Business	Mailing Address
20 WHITE DOVE LANE PALM COAST FL 32164 US	20 WHITE DOVE LANE PALM COAST FL 32164 US

2. Principal Place of Business	3. Mailing Address
	1460 Brooklyn Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Whiting NJ
Zip / Country	Zip 08759 / Country USA

1st MOORE CR2E083 (10/05)

4. FEI Number 202755445 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEGAL ZOOM NEVADA, INC. 44 W. FLAGLER ST., SUITE 675 MIAMI FL 33130	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 resigning) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAISON, JOHN 20 WHITE DOVE LANE PALM COAST FL 32164 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAISON, JOHN 1460 Brooklyn Ave. Whiting NJ 08759 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 608, Florida Statutes.

SIGNATURE: John Faison 4-7-06 386-931-8661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #