

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044540

FILED
Apr 28, 2007
Secretary of State

Entity Name: ALLSERVICES INSURANCE, LLC.

Current Principal Place of Business:

18142 SW 97 AVE
PALMETTO BAY, FL 33157

New Principal Place of Business:

Current Mailing Address:

18142 SW 97 AVE
PALMETTO BAY, FL 33157

New Mailing Address:

FEI Number: 30-0315143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AJABSHIR, MIKE
930 HIALEAH DR.
HIALEAH, FL 33010 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: AJABSHIR, SOHEILA
Address: 18142 SW 97 AVE
City-St-Zip: PALMETTO BAY, FL 33157

Title: MGRM () Delete
Name: CHRITINA SAN PEDRO, MARIA
Address: 18142 SW 97 AVE
City-St-Zip: PALMETTO BAY, FL 33157

Title: MGRM () Delete
Name: AJABSHIR, MIKE
Address: 18142 SW 97 AVE
City-St-Zip: PALMETTO BAY, FL 33157

ADDITIONS/CHANGES:

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

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 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: MIKE AJABSHIR

D

04/28/2007

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