

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90041 048 \*\*\*\*55.00

**DOCUMENT # L05000099154**

1. Entity Name

ALL IN, LLC



Principal Place of Business

12919 IONA ROAD  
FORT MYERS FL 33908  
US

Mailing Address

12919 IONA ROAD  
FORT MYERS FL 33908  
US

2. Principal Place of Business

1921 COURTNEY DR.

Suite, Apt. #, etc.

3. Mailing Address

1921 COURTNEY DR.

Suite, Apt. #, etc.

City & State

FT. MYERS, FL

Zip 33901

Country US

City & State

FT. MYERS, FL

Zip 33901

Country US

4. FEI Number

20-3697036

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

OFFERMAN, KEVIN  
12919 IONA ROAD  
FORT MYERS FL 33908

7. Name and Address of New Registered Agent

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).

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

3/27/06

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 / PRES ☐ Delete  
NAME OFFERMAN, KEVIN  
STREET ADDRESS 12919 IONA ROAD  
CITY - ST - ZIP FORT MYERS FL 33908

TITLE VICE PRES ☐ Delete  
NAME OFFERMAN, JUSTIN  
STREET ADDRESS 12919 IONA RD  
CITY - ST - ZIP FT MYERS FL 33908

TITLE PRES / SOC. ☐ Delete  
NAME BERCHTOLD, LEO A.  
STREET ADDRESS 729 DEAN WAY  
CITY - ST - ZIP FT MYERS, FL 33919

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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:

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

PRESIDENT

3/27/06

Date

Daytime Phone #

(889) 277-1004