


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90179 018 ****50.00

DOCUMENT # L05000101140	
1. Entity Name ALL AMERICAN SEPTIC SYSTEMS, LLC	

Principal Place of Business 1034 HENLEY DOWNS PLACE SUITE 1 HEATHROW, FL 32746	Mailing Address 1034 HENLEY DOWNS PLACE SUITE 1 HEATHROW, FL 32746
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2. Principal Place of Business - No P.O. Box # 801 Victoria Hills Dr. South	3. Mailing Address 801 Victoria Hills Dr. South
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Deland, FL	City & State Deland, FL
Zip 32724	Zip 32724
Country USA	Country USA



01102007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent W&P SERVICES, INC. 450 N. WYMORE ROAD WINTER PARK, FL 32789	
7. Name and Address of New Registered Agent Name CHAIRES HAMMOND, P.L. Street Address (P.O. Box Number is Not Acceptable) 283 CRANES ROOST BLVD #105 City ALTAMONTE SPRINGS FL Zip Code 32701	

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  (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASCIO, JOHN C 1034 HENLEY DOWNS PLACE HEATHROW, FL 32726 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgrm Cascio, John C. 801 Victoria Hills Drive South Deland, FL 32724 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 