

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000001359

FILED
Mar 20, 2009
Secretary of State

Entity Name: ALL COUNTY MANAGEMENT, LLC

Current Principal Place of Business:

250 CATALONIA AVENUE, STE. 305
CORAL GABLES, FL 33134

New Principal Place of Business:

2460 SW 22ND STREET, 2ND FLOOR
MIAMI, FL 33145

Current Mailing Address:

250 CATALONIA AVENUE, STE. 305
CORAL GABLES, FL 33134

New Mailing Address:

2460 SW 22ND STREET, 2ND FLOOR
MIAMI, FL 33145

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIALASTRI, CARLOS
250 CATALONIA AVENUE, STE. 305
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CHIALASTRI, CARLOS
2460 SW 22ND STREET, 2ND FLOOR
MIAMI, FL 33145 US

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:

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MR. () Delete
Name: CHIALASTRI, CARLOS
Address: 250 CATALONIA AVENUE, STE #305
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MR. (X) Change () Addition
Name: CHIALASTRI, CARLOS
Address: 2460 SW 22ND STREET, 2ND FLOOR
City-St-Zip: MIAMI, FL 33145

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: CARLOS CHIALASTRI

P

03/20/2009

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