


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90309 003 \*\*\*138.75

**DOCUMENT # L06000014604**

1. Entity Name  
**ALL ESTATE SOLUTIONS LLC.**



Principal Place of Business      Mailing Address  
**8302 NW 103RD ST. SUITE 203/205**      **8302 NW 103RD ST. SUITE 203/205**  
**HEALEAH GARDENS, FL 33018-4698**      **HEALEAH GARDENS, FL 33018-4698**

**60025724**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

02202008    Cng-LLC    CR2E083 (12/06)

City & State      City & State

4. FEI Number  
**20-3293502**      Applied For  
 Not Applicable

Zip      Country      Zip      Country

6. Certificate of Status Desired       \$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent  
**ADEL, KHALED S**  
**16533 NW 77TH PATH**  
**MIAMI LAKES, FL 33018**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

B. 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 is required when transferring) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ADEL, KHALED S			NAME			
STREET ADDRESS	16533 NW 77TH PATH			STREET ADDRESS			
CITY-STATE-ZIP	MIAMI LAKES, FL 33018			CITY-STATE-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERNANDEZ ADEL, ILEANA A			NAME			
STREET ADDRESS	16533 NW 77TH PATH			STREET ADDRESS			
CITY-STATE-ZIP	MIAMI LAKES, FL 33018			CITY-STATE-ZIP			
TITLE	MGR	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<del>TARANI, ANTONELLA</del>			NAME			
STREET ADDRESS	<del>752 EUCLID AVE APT. 10</del>			STREET ADDRESS			
CITY-STATE-ZIP	<del>MIAMI BEACH, FL 33139</del>			CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			

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: Khaled S. Adel General Manager      04--19--08

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