2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000035650

1. Entity Name
ALL IN ENTERPRISES, LLC

Principal Place of Business	Mailing Address
P.O. BOX 320786	P.O. BOX 320786
TAMPA, FL 33679 US	TAMPA, FL 33679 US

DO NOT WRITE IN THIS SPACE

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03082008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-4637080	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

BELL, CHADWICK W
4102 W. GRANADA STREET
TAMPA, FL 33629

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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.   (NOTE: Registered Agent signature required when reinstating)   DATE

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

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9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BELL, CHADWICK W
STREET ADDRESS	4102 W. GRANADA STREET
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	MGR
NAME	MARTINEZ, CHRISTOPHER D
STREET ADDRESS	10325 LIGHTNER BRIDGE DRIVE
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Bell   8/4/08   813-251-3660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #