2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State

DOCUMENT # L06000040634	DOCUMENT # L06000040634	ANNUAL REPURI					secretary of State			
A.L.O. MAINTENANCE, LLC Principal Pace of Business 2229 2ND AVE SE 2230 2ND AVE SE 2329 2ND AVE SE 2429 2ND A	ALLO. MAINTENANCE, LLC Principal Place of Business 2229 2MD AVE SE VERO BERGH, FL 32962 US Suite. Apr. #, etc. City & State City & State City & State Country 7p Country 7p Country 7p Country 8. Centificate of Status Desired 5. Centificate of Status Desired 5. Centificate of Status Desired 5. Centificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OGLESBY, WALLACE A JR. 2329 2MD AVE SE VERO BEACH, FL 32962 City City FL 3p Conde City City FL 3p Conde City FL		T # L06000040	634		<i>à</i>				
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Name OGLESBY, WALLACE A JR. 2329 2ND AVE SE VERO BEACH, FL 32962 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose obchanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the poligations of register gagent. SIGNATURE Signature County of the State of Florida Department of State FILE NOW!!! FEE IS \$138,75 After May 1, 2008 Fee will be, \$538.75 Make check payable to Florida Department of State 9. MANACING MEMBERS 10. ADDITIONS/CHANGES 11IILE MGRM Delete 11IILE MAKE Change Addition 11IILE MAKE Delete 11IILE MAKE MAKE 11IILE MAKE Delete 11IILE MAKE 11IILE MAKE Delete 11IILE MAKE 11IILE MAKE MAKE 11IILE MAKE MAKE MAKE 11IILE MAKE MAKE MAKE 11IILE MAKE MAKE MAKE 11IILE	Name Name	Zip	Country	Zíp	Country	5. Certificat	e of Status Desired			
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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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

SIGNATURE: DUM DAME OF SIGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.25

072569718

Change

Addition

Date

Daytime Phone #