

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000060020

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: ALL AROUND INSIDE/OUT LLC

**Current Principal Place of Business:**

7430 GULF HIGHLANDS DR.  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

7430 GULF HIGHLANDS DR.  
PORT RICHEY, FL 34668

**New Mailing Address:**

FEI Number: 20-8940455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAVENDER, KYLE  
873 WEST BAY DRIVE, SUITE 105  
LARGO, FL 33770 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WIETecha, KYLE  
Address: 7430 GULF HIGHLANDS DR.  
City-St-Zip: PORT RICHEY, FL 34668

Title: MGRM (X) Delete  
Name: SILBERT, FRANK  
Address: 7430 GULF HIGHLANDS DR.  
City-St-Zip: PORT RICHEY, FL 34668

Title: MGRM (X) Delete  
Name: URBANEK, THERESA  
Address: 7430 GULF HIGHLANDS DR.  
City-St-Zip: PORT RICHEY, FL 34668

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KYLE WIETecha

MGR

01/05/2009

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