

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

06-22-2007 90113 005 \*\*\*\*50.00

<b>DOCUMENT # L06000063127</b> 1. Entity Name ALL FOR ONE ROADSIDE TOWING, LLC																																													
Principal Place of Business 13974 SW 46 TERR APT. MIAMI, FL 33175		Mailing Address 13974 SW 46 TERR APT. MIAMI, FL 33175																																											
2. Principal Place of Business - No P.O. Box # 5656 SW 140th Ave Suite, Apt. #, etc.		3. Mailing Address 5656 SW 140th Ave Suite, Apt. #, etc.																																											
City & State MIAMI FL Zip 33183 Country USA		City & State MIAMI FL Zip 33183 Country USA																																											
4. FEI Number 20-5078454		Applied For <input type="checkbox"/> Not Applicable																																											
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																																											
6. Name and Address of Current Registered Agent  COTO, JOSE 13974 SW 46 TERR APT. MIAMI, FL 33175		7. Name and Address of New Registered Agent Name: Jose Coto Street Address (P.O. Box Number is Not Acceptable) 5656 SW 140th Ave City: MIAMI FL Zip Code: 33183																																											
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: <u>José Coto</u> DATE: <u>07/09/07</u> <small>Signature, typed or printed name of registered agent and applicable. (NOTE: Registered Agent signature required when reappointing)</small>																																													
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State																																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 40%;">MGR COTO, JOSE 13974 SW 46 TERR APT. MIAMI, FL 33175</td> <td style="width: 30%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COTO, JOSE 13974 SW 46 TERR APT. MIAMI, FL 33175	Delete <input type="checkbox"/>																			10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 40%;">MGR COTO Jose 5656 SW 140th Ave MIAMI FL 33183</td> <td style="width: 30%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COTO Jose 5656 SW 140th Ave MIAMI FL 33183	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>																		
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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: <u>José Coto</u> DATE: <u>07/09/07</u> 726 395 2559 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																													

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