


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90212 024 \*\*\*\*55.00

<b>DOCUMENT # L06000085965</b> 1. Entity Name <b>ABOVE ALL &amp; SON, LLC</b>					
Principal Place of Business <b>8291 NE 176TH AVE WILLISTON FL 32696</b>				Mailing Address <b>8291 NE 176TH AVE WILLISTON FL 32696</b>	
2. Principal Place of Business - No P.O. Box # <b>16634 NW 192 PL</b> Suite, Apt. #, etc.		3. Mailing Address <b>16634 NW 192 PL</b> Suite, Apt. #, etc.			
City & State <b>Williston FL</b> Zip <b>32696</b>		City & State <b>Williston, FL</b> Zip <b>32696</b>		Country <b>USA</b>	
Country <b>USA</b> Marion County		Country <b>USA</b>			
6. Name and Address of Current Registered Agent  <b>SCOTT, BENNETT W 8291 NE 176TH AVE WILLISTON FL 32696</b>				7. Name and Address of New Registered Agent Name <b>Bennett W. Scott</b> Street Address (P.O. Box Number is Not Acceptable) <b>16634 NW 192 PL</b> City <b>Williston</b> <b>FL</b> Zip Code <b>32696</b>	
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>Bennett W. Scott</u> <u>Owner</u> <u>2/2/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCOTT, BENNETT W <del>8291 NE 176TH AVE</del> <b>16634-192 PL</b> WILLISTON FL 32696		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE:</b> <u>Bennett W. Scott</u> <u>2/2/07</u> <u>352 535 5564</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					