

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112000

FILED
Apr 27, 2008
Secretary of State

Entity Name: ALL INCLUSIVE COMPUTER SERVICES LLC

Current Principal Place of Business:

2020 E. NEWHAVEN ST.
INVERNESS, FL 34453

New Principal Place of Business:

Current Mailing Address:

2020 E. NEWHAVEN ST.
INVERNESS, FL 34453

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GODLEWSKI, STANLEY
2020 E. NEWHAVEN ST.
INVERNESS, FL 34453 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: GODLEWSKI, STANLEY
Address: 2020 E. NEWHAVEN ST.
City-St-Zip: INVERNESS, FL 34453

Title: MGRM () Delete
Name: GODLEWSKI, MADALYN
Address: 2020 E. NEWHAVEN ST.
City-St-Zip: INVERNESS, FL 34453

Title: MGRM (X) Delete
Name: CARR, CHARLES
Address: 4998 N. TANGLEWOOD AVE.
City-St-Zip: HERNANDO, FL 34442

Title: MGRM (X) Delete
Name: CARR, BARTA
Address: 4998 N. TANGLEWOOD AVE.
City-St-Zip: HERNANDO, FL 34442

Title: MGRM (X) Delete
Name: DAVIS, TERRANCE A
Address: 2143 N. PINECONE ST., APT. #2143
City-St-Zip: LECANTO, FL 34461

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:

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: STANLEY GODLEWSKI

MGR

04/27/2008

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