

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117845

FILED  
Jul 07, 2008  
Secretary of State

**Entity Name:** ALL PC AND NETWORK SOLUTIONS, LLC

**Current Principal Place of Business:**

4767 NW 167 STREET  
MIAMI GARDENS, FL 33055

**New Principal Place of Business:**

18394 NW 61ST AVENUE  
HIALEAH, FL 33015

**Current Mailing Address:**

4767 NW 167 STREET  
MIAMI GARDENS, FL 33055

**New Mailing Address:**

18394 NW 61ST AVENUE  
HIALEAH, FL 33015

FEI Number: 20-8026314      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HILL, CHARLIE  
4767 NW 167 STREET  
MIAMI GARDENS, FL 33055      US

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

HILL, CHARLIE  
18394 NW 61 AVENUE  
HIALEAH, FL 33015      US

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: \_\_\_\_\_

07/07/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: HILL, CHARLIE  
Address: 4767 NW 167 STREET  
City-St-Zip: MIAMI GARDENS, FL 33055

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: HILL, CHARLIE  
Address: 18394 NW 61 AVENUE  
City-St-Zip: HIALEAH, FL 33015

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: CHARLIE HILL

MGRM

07/07/2008

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