

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90025 008 ****55.00

DOCUMENT # L06000118537 1. Entity Name ALL BOYZ ENTERPRISE LLC					
Principal Place of Business 1868 VIBURNUM ROAD NW PALM BAY, FL 32907			Mailing Address 1868 VIBURNUM ROAD NW PALM BAY, FL 32907		
2. Principal Place of Business - No P.O. Box # 1868 viburnum Rd NW Suite, Apt. #, etc. _____		3. Mailing Address 1868 Viburnum Rd NW Suite, Apt. #, etc. _____			
City & State Palm Bay, FL		City & State Palm Bay, FL		4. FEI Number 56-2628578	
Zip 32907		Country USA		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, TOYA 1868 VIBURNUM ROAD NW PALM BAY, FL 32907				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALDER, DANE 1868 VIBURNUM ROAD NW PALM BAY, FL 32907 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, TOYA 1868 VIBURNUM ROAD NW PALM BAY, FL 32907 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 606, Florida Statutes.					
SIGNATURE: <i>Toya Williams</i> <i>Toya Williams</i> 4/3/07 321 676-6373 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					