FILED Apr 29, 2008 8:00 am Secretary of State 04-29-2008 90032 021 ***138.75

2008 LIMITED LIABILITY COMPANY

ANNUAL PEROPT

04-29

DOCUMENT # L07000021651 L Entry Name ALL IN ONE, LLC Principal Place of Business 4500 ESCUTIVE BRIVE 4500 ESCUTIVE BRIVE 2 10 NAPLES, R. 34119 AREES, R. 34110 AREES, R. 3411		ANNUAL	KEPUKI						
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City & State	2. Principal F	face of Business - No P.O. Box #	3. Mailing Address						
Zip Country Zip Country 5. Certificate of Status Desired \$\$5.00 Additional \$\$5.00 Ad	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04102008	Chg-LLC	CR2E083 (12/06)		
S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent T. Name and Address T. Name	City & Stat	e	City & State		4. FEI Numb	er	 	<u>'</u>	
Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip Country		5. Certificate	of Status Desired	□ \$5.00 Add	itional	
HENNING LAW FIRM 4500 EXECUTIVE DRIVE 210 NAPLES, FL 34119 City FL ZID Code City FL ZID Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or born, in the State of Rorde. I am familiar with, and accept the ortifications of possiverage grows. SIGNATURE Purpose of Changing its registered office or registered agent, or born, in the State of Rorde. I am familiar with, and accept the ortification of possiverage grows. Office or registered agent, or born, in the State of Rorde. I am familiar with, and accept the ortification of possiverage grows. Office or registered agent, or born, in the State of Rorde. I am familiar with, and accept the ortification of possiverage grows. Office or registered agent, or born, in the State of Rorde. I am familiar with, and accept the ortification of possiverage grows. Office or registered agent, or born, in the State of Rorde. I am familiar with, and accept the ortification of possiverage grows. Office or registered agent, or born, in the State of Rorde. I am familiar with, and accept the ortification of possiverage grows. Office or registered agent, or born, in the State of Rorde. I am familiar with, and accept the ortification of possiverage grows. Office or registered agent, or born, in the State of Rorde. I am familiar with, and accept the ortification of possiverage grows. Office or registered agent, or born, in the State of Rorde. I am familiar with, and accept the ortification of possiverage grows. Office or registered agent, or born, in the State of Rorde. I am familiar with, and accept the ortification of possiverage grows. Office or registered agent, or born, in the State of Rorde. I am familiar with, and accept the ortification of possiverage grows. Office or registered agent, or born, in the State of Rorde. I am familiar with, and accept the ortification of possiverage grows. Office or registered agent, or born, in the State of Rorde. Office or registered agent, or born, in the Stat		6. Name and Address of Current I	Registered Agent		7. Name and	Address of New F	Registered Agent		
SITERT ADDRESS OTTY-ST-ZP TILE NAME STREET ADDRESS OTTY-ST-ZP TIL	HEMMINO	LAVACEDIA		Name	Name				
S. 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 rugstered prent. ### CALL COLUMN CO	4500 EXE			Street Address (P.O. Box Number is Not Accep			е)		
B. 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 papers. O. 4. O.G. 7. 2008 SIGNATURE PILE NOWIII FEE IS \$138.75 After May 1, 2009 Fee will be \$338.75 After May 1, 2009 Fee will be \$338.75 After May 1, 2009 Fee will be \$338.75 ITILE MORM TERWART, MICHAEL TERWART, MICHAEL STRETADORESS CITY-ST-2P TITLE MARE THE MARE STRETADORESS CITY-ST-2P THE MARE STRETADORESS CITY-ST-2P THE MARE STRETADORESS CITY-ST-2P THE MARE STRETADOR									
the obligations of registerer signers. SIGNATURE				'			FL '		
SIGNATURE Superiors Fronce or president of requisered appre and time if apposable (NOTE Registered Appre segulative required when rentatang) DATE	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 egent.								
FILE NOWIN FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 SITUE MANAGING MEMBERS/MANAGERS 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE NAME TERWART, MICHAEL 4500 EXECUTIVE DRIVE, #210 NAME STRET ADDRESS CITY-ST-2P TITLE NAME STRET ADDRESS CITY-ST-2P STRET ADDRESS CITY-ST-2P TITLE NAME STRET ADDRESS CITY-ST-2P TITLE NAME STRET ADDRESS CITY-ST-2P TITLE NAME STRET ADDRESS CITY-ST-2P TITLE STRET ADDRESS CITY-ST-2	_	11 has award					04.09.70	08	
Section Sect	SIGNATURE	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE:	Registered Agent signature rec	quired when reinstating)			-0	
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1. 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

RE: MATTER AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04.09.08

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