

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90070 026 ***143.75

DOCUMENT # L07000061002

1. Entity Name
ALL ABOUT U PROMOTIONAL PRODUCTS, LLC



Principal Place of Business
**4939 TURTLE CREEK TRAIL
OLDSMAR, FL 34677 US**

Mailing Address
**4939 TURTLE CREEK TRAIL
OLDSMAR, FL 34677 US**

60003601



01162008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-0364786

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GEARY, DANIEL E
4939 TURTLE CREEK TRAIL
OLDSMAR, FL 34677**

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)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GEARY, DANIEL E
4939 TURTLE CREEK TRAIL
OLDSMAR, FL 34677** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GEARY, CHRISTINE A
4939 TURTLE CREEK TRAIL
OLDSMAR, FL 34677** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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CITY - ST - ZIP
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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 608, Florida Statutes.

SIGNATURE:

DANIEL E. GEARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-20-08 (661)5995511

Date

Daytime Phone #