

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000070082

FILED
Jan 05, 2008
Secretary of State

Entity Name: ALL APPLIANCE DEPOT, LLC

Current Principal Place of Business:

3041 NE JACKSONVILLE RD.
SUITE #4
OCALA, FL 34479

New Principal Place of Business:

Current Mailing Address:

PO BOX 212
MELROSE, FL 32666

New Mailing Address:

FEI Number: 26-0487744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, ADAM
3041 NE JACKSONVILLE RD.
SUITE #4
OCALA, FL 34479 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: LEVINE, MARITZA
Address: 3041 NE JACKSONVILLE RD.
City-St-Zip: Ocala, FL 34479

Title: MGRM () Delete
Name: LEVINE, ADAM M
Address: 3041 NE JACKSONVILLE RD., STE. 4
City-St-Zip: Ocala, FL 34479

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEVINE, MARITZA
Address: PO BOX 212
City-St-Zip: MELROSE, FL 32666

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: MARITZA LEVINE

MGR

01/05/2008

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