2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000070082

Entity Name: ALL APPLIANCE DEPOT, LLC

FILED Jan 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3041 NE JACKSONVILLE RD. 3041 NE JACKSONVILLE RD.

SUITE #4 SUITE #1

OCALA, FL 34479 OCALA, FL 34479

Current Mailing Address: New Mailing Address:

PO BOX 212

MELROSE, FL 32666

FEI Number: 26-0487744 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LEVINE, ADAM LEVINE, ADAM

3041 NE JACKSONVILLE RD. 3041 NÉ JACKSONVILLE RD.

 SUITE #4
 SUITE #1

 OCALA, FL 34479 US
 OCALA, FL 34479 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: 01/19/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 LEVINE, MARITZA
 Name:

 Address:
 PO BOX 212
 Address:

 City-St-Zip:
 MELROSE, FL 32666
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: LEVINE, ADAM M Name: LEVINE, ADAM M

Address: 3041 NE JACKSONVILLE RD., STE. 4 Address: 3041 NE JACKSONVILLE RD., STE. 1

City-St-Zip: OCALA, FL 34479 City-St-Zip: OCALA, FL 34479

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 MGRM 01/19/2009