

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000070082

FILED  
Jan 27, 2010  
Secretary of State

**Entity Name:** ALL APPLIANCE DEPOT, LLC

**Current Principal Place of Business:**

3041 NE JACKSONVILLE RD.  
SUITE #1  
OCALA, FL 34479

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 212  
MELROSE, FL 32666

**New Mailing Address:**

13340 NE 52ND CT  
ANTHONY, FL 32617

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 #1  
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  
Name: LEVINE, MARITZA  
Address: 13340 NE 52ND CT  
City-St-Zip: ANTHONY, FL 32617

Title: MGRM  
Name: LEVINE, ADAM M  
Address: 3041 NE JACKSONVILLE RD., STE. 1  
City-St-Zip: Ocala, FL 34479

I hereby 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 O LEVINE

MGRM

01/27/2010

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