


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

7. **FILED**
Aug 20, 2008 8:00 am
Secretary of State

07-25-2008 90015 033 ***138.75

DOCUMENT # L07000084344					
1. Entity Name ALL FLORIDA SIGNS & NEON SERVICES, LLC					
Principal Place of Business 21 S.W. 9TH AVENUE CAPE CORAL, FL 33991 US			Mailing Address 21 S.W. 9TH AVENUE CAPE CORAL, FL 33991 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 26-0735439	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEONOV, LEONARD 21 S.W. 9TH AVENUE CAPE CORAL, FL 33991				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEONOV, LEONARD 21 S.W. 9TH AVENUE CAPE CORAL, FL 33991	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 606, Florida Statutes.					
SIGNATURE _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 7/15/08 <small>Daytime Phone #</small>		

30010942



07112008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-0735439

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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Date **7/15/08**
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