

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085670

FILED
Mar 26, 2008
Secretary of State

Entity Name: ALL AMERICAN HOME SOLUTIONS, LLC

Current Principal Place of Business:

614 E HWY 50
289
CLERMONT, FL 34711 US

New Principal Place of Business:

421 ORANGE ST
MASCOTTE, FL 34753 US

Current Mailing Address:

614 E HWY 50
289
CLERMONT, FL 34711 US

New Mailing Address:

421 ORANGE ST
MASCOTTE, FL 34753 US

FEI Number: 26-1632723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DYKES, DOROTHY F
614 E HWY 50
289
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

DYKES, DOROTHY F
421 ORANGE ST
MASCOTTE, FL 34753 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:

03/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DYKES, DOROTHY F
Address: 614 E HWY 50 #289
City-St-Zip: CLERMONT, FL 34711 US

Title: MGRM () Delete
Name: DYKES, RAYMOND D
Address: 614 E HWY 50 #289
City-St-Zip: CLERMONT, FL 34711 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DYKES, DOROTHY F
Address: 421 ORANGE ST
City-St-Zip: MASCOTTE, FL 34753 US

Title: MGRM (X) Change () Addition
Name: DYKES, RAYMOND D
Address: 421 ORANGE ST
City-St-Zip: MASCOTTE, FL 34753 US

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: DOROTHY DYKES

MGRM

03/26/2008

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