

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000101442

FILED  
Jan 06, 2008  
Secretary of State

Entity Name: ALL ABOUT CPR LLC

**Current Principal Place of Business:**

603 LOMA DEL SOL DRIVE  
DAVENPORT, FL 33896 US

**New Principal Place of Business:**

**Current Mailing Address:**

603 LOMA DEL SOL DRIVE  
DAVENPORT, FL 33896 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired (X)

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

CAPOZZOLI, ANNA  
603 LOMA DEL SOL DRIVE  
DAVENPORT, FL 33896 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: MGRM ( ) Delete  
Name: CAPOZZOLI, ANNA  
Address: 603 LOMA DEL SOL DRIVE  
City-St-Zip: DAVENPORT, FL 33896 US

**ADDITIONS/CHANGES:**

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: ANNA CAPOZZOLI

MGRM

01/06/2008

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