

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000101442

**FILED  
Jan 12, 2009  
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:** 26-1686625      **FEI Number Applied For** ( )      **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

RN

01/12/2009

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