

# **2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000107578

Entity Name: ALL OUT CUSTOMS, LLC

**FILED**  
**Aug 07, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

2953 HANSON ROAD, UNIT A  
FORT MYERS, FL 33916 US

**New Principal Place of Business:**

**Current Mailing Address:**

11960 KELLY ROAD  
FORT MYERS, FL 33908 US

**New Mailing Address:**

FEI Number: 26-1406570

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOGAVERO, WAYNE L  
11960 KELLY ROAD  
FORT MYERS, FL 33908 US

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

GEIVELIS, FOTIOS  
16067 WATERLEAF LANE  
FORT MYERS, FL 33908 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: FOTIOS GEIVELIS

08/07/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MOGAVERO, WAYNE  
Address: 11960 KELLY ROAD  
City-St-Zip: FORT MYERS, FL 33908 US

Title: MGRM (X) Delete  
Name: GEIVELIS, FOTIOS  
Address: 16067 WATERLEAF LANE  
City-St-Zip: FORT MYERS, FL 33908

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GEIVELIS, FOTIOS  
Address: 16067 WATERLEAF LANE  
City-St-Zip: FORT MYERS, FL 33908

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: FOTIOS GEIVELIS

MGRM

08/07/2008

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