

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116270

Entity Name: ALL HANDS SERVICES, LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

221 N HOGAN STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

221 N HOGAN STREET
#152
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 26-1440093 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKINS, TERRY
221 N HOGAN STREET
JACKSONVILLE, FL 32202 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: DAILEY, ALAN L
Address: 221 N HOGAN STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGRM () Delete
Name: LYN, BIANCO
Address: 221 N HOGAN STREET, #152
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: DAILEY, JAHMAL
Address: 221 N HOGAN STREET, #152
City-St-Zip: JACKSONVILLE, FL 32202

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: ALAN DAILEY

CLO

04/29/2008

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