

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000025348

Entity Name: ALL SUPPLY, LLC

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

718 GULF BLVD. #3  
INDIAN ROCKS BEACH, FL 33785

**New Principal Place of Business:**

**Current Mailing Address:**

718 GULF BLVD. #3  
INDIAN ROCKS BEACH, FL 33785

**New Mailing Address:**

FEI Number: 26-2621307

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAROCHE, SOPHIE L  
718 GULF BLVD. #3  
INDIAN ROCKS BEACH, FL 33785 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: MGR  
Name: PEEL, RICHARD ALAN  
Address: 718 GULF BLVD. #3  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: MGR  
Name: PEEL, ANGELA MARY  
Address: 718 GULF BLVD. #3  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: MGR  
Name: LAROCHE, SOPHIE  
Address: 718 GULF BLVD #3  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

I hereby 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: SOPHIE L. LAROCHE

PRES

04/22/2010

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