2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# L08000050887

Entity Name: ALL PREMIUM SERVICES LLC

Current Principal Place of Business:

215 E WISCONSIN AVE
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

215 E WISCONSIN AVE
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 26-2654842 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAZEL, NICK L
215 E. WISCONSIN AVE
ORANGE CITY, FL 32763 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: S ( ) Delete
Name: HAZEL, PATSY J
Address: 215 E WISCONSIN AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: P ( ) Delete
Name: HAZEL, NICK L
Address: 215 E WISCONSIN AVE
City-St-Zip: ORANGE CITY, FL 32763

ADDITIONS/CHANGES:

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

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: NICK L HAZEL P 01/20/2009

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