2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2010
Secretary of State

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Entity Name: ALL PHASE INSURANCE LLC

Current Principal Place of Business:

2265 TAMIAMI TRAIL
A
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

2265 TAMIAMI TRAIL
A
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 80-0191932 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUZMAN, DEBBIE K
1655 NUREMBERG BLVD
PUNTA GORDA, FL 33983 US

Name and Address of New Registered Agent:

GUZMAN, DEBBIE R
3426 WHITMAN RD
NORTH PORT, FL 34288 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: DEBBIE REYNOLDS GUZMAN 04/22/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: GUZMAN, DEBBIE R
Address: 3426 WHITMAN RD
City-St-Zip: NORTH PORT, FL 34288

Title: MGRM
Name: CASH, DAWN M
Address: 24614 NOVA LANE
City-St-Zip: PORT CHARLOTTE, FL 33980

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 Statues.

SIGNATURE: DEBBIE REYNOLDS GUZMAN MGRM 04/22/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date