

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000086728

Entity Name: ALL STATE CARRIERS, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

9350 FOX TROT LANE
BOCA RATON, FL 33496

New Principal Place of Business:

301 CRAWFORD BLVD
202
BOCA RATON, FL 33432

Current Mailing Address:

9350 FOX TROT LANE
BOCA RATON, FL 33496

New Mailing Address:

301 CRAWFORD BLVD #202
BOCA RATON, FL 33432

FEI Number: 26-3383642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, GADI
9350 FOX TROT LANE
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

COHEN, GADI
301 CRAWFORD BLVD
202
BOCA RATON, FL 33432 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: GADI COHEN

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COHEN, GADI
Address: 9350 FOX TROT LANE
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COHEN, GADI
Address: 301 CRAWFORD BLVD #202
City-St-Zip: BOCA RATON, FL 33432

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: GADI COHEN

MGR

04/29/2009

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