

**LIMITED LIABILITY COMPANY
ANNUAL REPORT**

For Office Use Only

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DOCUMENT # L08000088727



1. Entity Name

All Wood Refinishing LLC

11 JUN -1 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

1660 NE 205th Terr.

3. Mailing Address

1660 NE 205th Terr.

Suite, Apt. #, ect

Suite, Apt. #, ect.

CR2E083B (1/11)

City & State

MIAMI - FL

City & State

MIAMI - FL

4. FEI Number

26336162C

Applied For

Not Applicable

Zip

33179

Country

Zip

33179

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name PATRICIA L GUTIERREZ

Street Address (P.O. Box Number is Not Acceptable)

1660 NE 205th Terr.

City MIAMI

FL

Zip Code 33179

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

January 1 - May 1, Fee is \$138.75

After May 1, Fee is \$538.75

Amended AR is \$50.00

Make Check Payable to Florida Department of State

E-mail Address:

bestlax1040@yahoo.com

To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	PATRICIA L GUTIERREZ
STREET ADDRESS	1660 NE 205th Terr.
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	VP
NAME	GUSTAVO, HERRERA
STREET ADDRESS	1660 NE 205th Terr
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10.

800207203578

05/04/11--01036--013 **138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

Patricia L Gutierrez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone#

5/21/11 (305)949-3873