

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000023805

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** ALL FLORIDA FOUNDATION REPAIR LLC

**Current Principal Place of Business:**

1090 KAPP DRIVE  
CLEARWATER, FL 33765

**New Principal Place of Business:**

**Current Mailing Address:**

1090 KAPP DRIVE  
CLEARWATER, FL 33765

**New Mailing Address:**

**FEI Number:** 26-4413035

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

JOHN BUCZYNSKI  
1090 KAPP DR  
CLEARWATER, FL 33765 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: JOHN BUCZYNSKI

04/28/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RICE, KATHLEEN  
Address: 1090 KAPP DRIVE  
City-St-Zip: CLEARWATER, FL 33765

Title: MGR  
Name: BUCZYNSKI, JOHN  
Address: 1090 KAPP DRIVE  
City-St-Zip: CLEARWATER, FL 33765

Title: S  
Name: RICE, KATHLEEN  
Address: 1090 KAPP DRIVE  
City-St-Zip: CLEARWATER, FL 33765

Title: T  
Name: BUCZYNSKI, JOHN  
Address: 1090 KAPP DRIVE  
City-St-Zip: CLEARWATER, FL 33765

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: KATHLEEN RICE

MGR

04/28/2010

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