

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000039967

**FILED**  
**Mar 05, 2012**  
**Secretary of State**

**Entity Name:** ALL ABOUT YOU SUPPORT SERVICES, LLC

**Current Principal Place of Business:**

6914 E. FOWLER AVENUE  
SUITE B  
TAMPA, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8391  
TAMPA, FL 33674

**New Mailing Address:**

**FEI Number:** 27-2658692

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HOPKINS, ALYSIA M  
6914 E. FOWLER AVENUE  
SUITE B  
TAMPA, FL 33617 US

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

MCCLENDON, ALYSIA  
6914 E. FOWLER AVENUE  
SUITE B  
TAMPA, FL 33617 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: ALYSIA MCCLENDON

03/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: DIR  
Name: MCCLENDON, ALYSIA  
Address: 6914 E. FOWLER AVENUE SUITE B  
City-St-Zip: TAMPA, FL 33617

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: ALYSIA MCCLENDON

DIR

03/05/2012

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