

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000103433

Entity Name: ALL 4 VOWELS, LLC

**FILED**  
**Jan 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4611 S. UNIVERSITY DRIVE  
#138  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

4611 S. UNIVERSITY DRIVE  
#138  
DAVIE, FL 33328

**New Mailing Address:**

FEI Number: 27-3595992

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EINHORN, ROBERT M  
100 S. E. 2ND STREET  
27TH FLOOR  
MIAMI, FL 33131 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: IOIA, MICHAEL P  
Address: 4611 S. UNIVERSITY DRIVE, #138  
City-St-Zip: DAVIE, FL 33328

Title: MGR  
Name: PARKER, MICHAEL  
Address: 4380 OAKES ROAD, SUITE 800  
City-St-Zip: DAVIE, FL 33314

Title: MGR  
Name: IOIA, JOSEPH  
Address: 4380 OAKES ROAD, SUITE 800  
City-St-Zip: DAVIE, FL 33314

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: MICHAEL P IOIA

MGR

01/26/2012

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