

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000107447

**FILED**  
**Feb 19, 2011**  
**Secretary of State**

**Entity Name:** ALL AMERICAN BUSINESS CENTER LLC.

**Current Principal Place of Business:**

6516 SW 80TH STREET  
GAINESVILLE, FL 32608 US

**New Principal Place of Business:**

**Current Mailing Address:**

6516 SW 80TH STREET  
GAINESVILLE, FL 32608 US

**New Mailing Address:**

**FEI Number:** 27-3689756      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PATEL, KRUPESH  
6516 SW 80TH STREET  
GAINESVILLE, FL 32608 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:** MGRM  
**Name:** PATEL, KRUPESH  
**Address:** 6516 SW 80TH STREET  
**City-St-Zip:** GAINESVILLE, FL 32608 US

**Title:** MGRM  
**Name:** PATEL, KALPESH V  
**Address:** 329 TUXEDO DRIVE  
**City-St-Zip:** THOMASVILLE, GA 31792 US

**Title:** MGRM  
**Name:** PATEL, DHARMENDRA R  
**Address:** 1505 FORT CLARKE BLVD; APT # 13106  
**City-St-Zip:** GAINESVILLE, FL 32606 US

**Title:** MGRM  
**Name:** PATEL, MEHUL K  
**Address:** 2916 HWY # 90  
**City-St-Zip:** LAKE CITY, FL 32055 US

**Title:** MGRM  
**Name:** PATEL, CHIRAG V  
**Address:** 143 EDGE WOOD DRIVE  
**City-St-Zip:** THOMASVILLE, GA 31792 US

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:** KRUPESH PATEL

MGRM

02/19/2011

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