

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90149 031 ****50.00

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DOCUMENT # L98000002496					
1. Entity Name ALL STATE PALLETS COMPANY LLC					
Principal Place of Business 9801 RECYCLE CENTER ROAD ORLANDO, FL 32824			Mailing Address 9801 RECYCLE CENTER ROAD ORLANDO, FL 32824		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3540824	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HRAWG CORP. 2000 GLADES ROAD, SUITE 400 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name KYLE ZUCHOWSKI Street Address (P.O. Box Number is Not Acceptable) 820 SUNSET LAKES DR. City MERRITT ISLAND FL Zip Code 32953	
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 		KYLE N. ZUCHOWSKI PRESIDENT		DATE 2/7/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KREZ INC. P.O. BOX 828 N/A NORTH TONAWANDA, NY 14120	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: 		KYLE N. ZUCHOWSKI		Date 2/7/06 Daytime Phone # 407-855-8087	