

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000040359

**Entity Name:** ALL PERMITTING SERVICES L.L.C.

**Current Principal Place of Business:**

8139 NW 114 PATH  
DORAL, FL 33178

**Current Mailing Address:**

P.O BOX 651196  
MIAMI, FL 33265 US

**FEI Number:** 26-1185821

**Certificate of Status Desired:** No

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

LOPEZ, MICHAEL  
9480 S.W. 39TH STREET  
MIAMI, FL 33165 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:**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name LOPEZ, MICHAEL  
Address 9480 S.W. 39TH STREET  
City-State-Zip: MIAMI FL 33165

Title MGRM  
Name CASTILLO, MARIA  
Address 9480 S.W. 39TH STREET  
City-State-Zip: MIAMI FL 33165

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL LOPEZ

MGR

02/21/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date