# 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

#### SIGNATURE: SCOTT VALINS

Electronic Signature of Signing Officer/Director Detail

185 WYTHE AVENUE SUITE 94 BROOKLYN, NY 11249 US

**Current Mailing Address:** 

DOCUMENT# P13000073354

**185 WYTHE AVENUE** 

BROOKLYN, NY 11249

SUITE 94

Entity Name: ALL COUNTY CAPITAL CORP

**Current Principal Place of Business:** 

#### FEI Number: 45-3951280

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

VALINS, ROBERT 17013 CANDELEDA DE AVILA TAMPA, FL 33613 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

#### Officer/Director Detail :

Title	Р	Title	VP
Name	WEINSTEIN, SCOTT	Name	VALINS, SCOTT
Address	881 ORIENTA AVENUE	Address	60 S 8TH STREET APT 540
City-State-Zip:	NEW YORK NY 10543	City-State-Zip:	NEW YORK NY 11249

## 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2019 Secretary of State 3161042447CC

Certificate of Status Desired: No

02/11/2019

Date

PRINCIPAL