


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED  
Feb 29, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # L06000118337**

1. Entity Name  
**ABBYRHOD LLC**



Principal Place of Business  
**12729 NW 18TH MANOR  
CORAL SPRINGS FL 33071  
US**

Mailing Address  
**12729 NW 18TH MANOR  
CORAL SPRINGS FL 33071  
US**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt #, etc.  
City & State  
Zip Country

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent  
**KRELLIN, KENNETH  
12729 NW 18TH MANOR  
CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 *Kenneth Krellin* DATE *2/26/08*

Signature, typed or printed name of registered agent and file # (applicable) (NOTE: Registered Agent signature required when reconstituting)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

U00000843837  
03/12/08-80011-015 138.75

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KRELLIN, KENNETH 12729 NW 18TH MANOR CORAL SPRINGS FL 33071</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KRELLIN, CAROL 12729 NW 18TH MANOR CORAL SPRINGS FL 33071</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Kenneth Krellin* DATE *2/26/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #