

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000015397

**FILED**  
**Mar 07, 2009**  
**Secretary of State**

**Entity Name:** ABI, LLC

**Current Principal Place of Business:**

1109 SOUTH CONGRESS AVENUE  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

7828 ST. ANDREWS ROAD  
LAKE WORTH, FL 33467

**Current Mailing Address:**

1109 SOUTH CONGRESS AVENUE  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

P. O. BOX 222-386  
WEST PALM BEACH, FL 33422 US

**FEI Number:** 20-8498792

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GATTOZZI, KAREN B  
1109 SOUTH CONGRESS AVENUE  
WEST PALM BEACH, FL 33406 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: MGR ( ) Delete  
Name: RIVERA, IRENE  
Address: 1109 SOUTH CONGRESS AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33406 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FERRANTE, IRENE  
Address: 7828 ST. ANDREWS ROAD  
City-St-Zip: LAKE WORTH, FL 33467 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: S/IRENE FERRANTE

MS.

03/07/2009

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