

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000016153

Entity Name: ABA & ASSOCIATES, LLC

FILED  
Jan 04, 2012  
Secretary of State

**Current Principal Place of Business:**

5651 CROSSWINDS CT.  
ST. AUGUSTINE, FL 32092 US

**New Principal Place of Business:**

**Current Mailing Address:**

5651 CROSSWINDS CT.  
ST. AUGUSTINE, FL 32092 US

**New Mailing Address:**

FEI Number: 20-8432439

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

KHOSROZADEH, BEHRUZ MGRM  
5651 CROSSWINDS CT.  
ST. AUGUSTINE, FL 32092 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: MGRM  
Name: KHOSROZADEH, BEHRUZ  
Address: 5651 CROSSWINDS CT.  
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: MGRM  
Name: NASSER, ALI  
Address: 2930 SE 31ST STREET  
City-St-Zip: OCALA, FL 34471 US

Title: MGRM  
Name: DAGHIGHI, ALIREZA  
Address: 5145 E. FAIRFIELD ST.  
City-St-Zip: ANAHEIM, CA 92807 US

I hereby 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: BEHRUZ KHOSROZADEH

MGRM

01/04/2012

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