

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 23, 2003 8:00 am
Secretary of State

09-23-2003 90023 038 ****50.00

DOCUMENT # L99000005460

1. Entity Name

ABF HOLDINGS, LLC



Principal Place of Business

Mailing Address

3512 US HWY 41 N.
PALMETTO FL 34221

3512 US HWY 41 N.
PALMETTO FL 34221

2. Principal Place of Business

3. Mailing Address

133 - 14th Ave NE

133 - 14th Ave NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33701

Country

Pinellas

Zip

33701

Country

Pinellas

4. FEI Number

65-0944711

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANOSZ, ANDREW T
3512 US HWY 41 N
PALMETTO FL 34221

Name

Andrew T. Franosz

Street Address (P.O. Box Number is Not Acceptable)

133 - 14th Ave NE

City

St. Petersburg

FL

Zip Code

33701

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FRANOSZ, HELENA
621 LANTERN RIDGE DRIVE
WINSTON-SALEM NC ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FRANOSZ, ANDREW
3512 US HWY 41 N
PALMETTO FL 34221 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Franosz, Andrew
133 - 14th Ave NE
St. Petersburg, FL 33701 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/18/03 (727) 224-3976

Date

Daytime Phone #

CR2E083 (4/03)