## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111977

Entity Name: ABCMGR, LLC.

**Current Principal Place of Business:** 

1672 MARSH POINTE DR CLERMONT, FL 34711

**Current Mailing Address:** 

1672. MARSH POINTE DR CLERMONT. FL 34711 US

FEI Number: 51-0561045 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLAS, MARILYN 1672 MARSH POINTE DR CLERMONT, FL 34711 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

Date

**FILED** Feb 16, 2024

**Secretary of State** 

2445773838CC

Authorized Person(s) Detail:

Title MGRM Title **MGRM** 

KE, GENY P VILCHES, NENITA Name Name

Address 17056 NW 16 ST Address 9500 N HOLLYBROOK LAKE DR #5-

PEMBROKE PINES FL 33028 City-State-Zip: City-State-Zip: PEMBROKE PINES FL 33025

Title **MGRM** 

Title **MGRM** MANCAO, ARISTARCO Name

Name BLAS, MARILYN B Address 5103 BUCHANAN

1672 MARSH POINTE DR Address City-State-Zip: FORT PIERCE FL 34982

City-State-Zip: CLERMONT FL 34711

Title **MGRM** 

Address

Title **MGRM** Name MACATANGAY, MARYLOU

Name SALINEL, RAMONA

> CAPISTRANA HOMES Address 13763 GARDEN COVE CT. 4678 VETERAN TERRACE

City-State-Zip: DAVIE FL 33325 LAKEWORTH FL 33463 City-State-Zip:

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

02/16/2024 SIGNATURE: MARILYN B BLAS **MGRM**