

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000016153

**Entity Name:** ABA & ASSOCIATES, LLC

**Current Principal Place of Business:**

5651 CROSSWINDS CT.  
ST. AUGUSTINE, FL 32092

**Current Mailing Address:**

5651 CROSSWINDS CT.  
ST. AUGUSTINE, FL 32092 US

**FEI Number:** 20-8432439

**Certificate of Status Desired:** Yes

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

KHOSROZADEH, BEHRUZ MGRM  
5651 CROSSWINDS CT.  
ST. AUGUSTINE, FL 32092 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

**Authorized Person(s) Detail :**

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

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

*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.*

**SIGNATURE:** BEHRUZ KHOSROZADEH

**MANAGER**

**01/04/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date