

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000097374

**Entity Name:** AB SHARES LLC

**Current Principal Place of Business:**

157 E NEW ENGLAND AVE  
SUITE 240  
WINTER PARK, FL 32789

**Current Mailing Address:**

157 E NEW ENGLAND AVE  
SUITE 240  
WINTER PARK, FL 32789

**FEI Number:** 26-3520114

**Certificate of Status Desired:** No

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

MARIO A.GARCIA PA  
400 N FERNCREEK AVE  
ORLANDO, FL 32803 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 MGR  
Name CAMACHO, JOSE L  
Address 157 E NEW ENGLAND AVE  
SUITE 240  
City-State-Zip: WINTER PARK FL 32789

Title MGR  
Name CRISAFI , ESTEFANO  
Address 157 E NEW ENGLAND AVE  
SUITE 240  
City-State-Zip: WINTER PARK FL 32789

Title MGRM  
Name DIPIETROPAOLO, JULIANA  
Address 157 E NEW ENGLAND AVE  
SUITE 240  
City-State-Zip: WINTER PARK FL 32789

Title MGRM  
Name LAFONT, JUAN J  
Address 157 E NEW ENGLAND AVE  
SUITE 240  
City-State-Zip: WINTER PARK FL 32789

Title MGRM  
Name LAFONT, CARLOS  
Address 157 E NEW ENGLAND AVE  
SUITE 240  
City-State-Zip: WINTER PARK FL 32789

*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:** ESTEFANO CRISAFI

MGR

03/23/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date