

2015 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

02/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date