

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000043458

**Entity Name:** ACCESS ABILITY ONE, LLC

**Current Principal Place of Business:**

171 QUAIL POND CIRCLE  
CASSELBERRY, FL 32718

**Current Mailing Address:**

P.O. BOX 1  
CASSELBERRY, FL 32718-0001 US

**FEI Number:** 59-1602767

**Certificate of Status Desired:** No

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

SELPH, LILIAN  
171 QUAIL POND CIRCLE  
CASSELBERRY, FL 32718 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 SELPH, LILIAN C  
Address 171 QUAIL POND CIRCLE  
City-State-Zip: CASSELBERRY FL 32718

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LILIAN C SELPH

**MANAGING MEMBER**

**06/14/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date