

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000075497

**Entity Name:** A B TRANSMISSION LLC

**Current Principal Place of Business:**

5260 NW 15 TH STREET  
MARGATE, FL 33067

**Current Mailing Address:**

5260 NW 15 TH STREET  
MARGATE, FL 33063

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WASHOFSKY AND ASSOCIATES, PA  
1876 N. UNIVERSITY DR  
STE 200-E  
PLANTATION, FL 33322 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	AUTHORIZED MEMBER	Title	OTHER
Name	K, FRANJA G	Name	P, DOUGLAS S
Address	5260 NW 15TH STREET	Address	5260 NW 15 TH STREET
City-State-Zip:	MARGATE FL 33063	City-State-Zip:	MARGATE FL 33067

*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:** K , FRANJA G

**AUTHORIZED MEMBER**

**05/01/2015**

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

\_\_\_\_\_  
Date