

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000099869

**Entity Name:** ABILITY AMERICA GROUP LLC

**Current Principal Place of Business:**

6187 NW 167TH STREET  
SUITE H-36  
MIAMI LAKES, FL 33015

**Current Mailing Address:**

6187 NW 167TH STREET  
SUITE H-36  
MIAMI LAKES, FL 33015 US

**FEI Number:** 47-1174907

**Certificate of Status Desired:** No

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

JULIANELLI, ALEXANDRE  
6187 NW 167TH STREET  
SUITE H-36  
MIAMI LAKES, FL 33015 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:** ALEXANDRE JULIANELLI

03/25/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER, MANAGER  
Name JULIANELLI, ALEXANDRE  
Address 6187 NW 167TH STREET  
SUITE H-36  
City-State-Zip: MIAMI LAKES FL 33015

Title AUTHORIZED MEMBER, MANAGER  
Name ALVES SOARES, ALINE  
Address 6187 NW 167TH STREET  
SUITE H-36  
City-State-Zip: MIAMI LAKES FL 33015

*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:** ALINE ALVES SOARES

AM

03/25/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date