

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000170153

**Entity Name:** ABSTRACT FACTORY, LLC

**Current Principal Place of Business:**

414 SW 140TH TERRACE  
130  
JONESVILLE, FL 32669

**Current Mailing Address:**

917 NW 119TH ST  
GAINESVILLE, FL 32606 US

**FEI Number:** 47-2232828

**Certificate of Status Desired:** Yes

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

CALLANAN, TIMOTHY M  
917 NW 119TH ST  
GAINESVILLE, FL 32606 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            AMBR  
Name            CALLANAN, TIMOTHY M  
Address        917 NW 119TH ST  
City-State-Zip: GAINESVILLE FL 32606

*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:** CALLANAN , TIMOTHY M

AMBR

04/29/2015

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

\_\_\_\_\_ Date