

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000077120

**Entity Name:** ABM JOUDA, LLC

**Current Principal Place of Business:**

374 N BISCAYNE RIVER DR  
MIAMI, FL 33169

**Current Mailing Address:**

374 N BISCAYNE RIVER DR  
MIAMI, FL 33169 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

JOUDA, KIMBERLY M  
374 N BISCAYNE RIVER DR  
MIAMI, FL 33169 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                     | Title           | AMBR                    |
| Name            | JOUDA, BADER F          | Name            | JOUDA, KIMBERLY M       |
| Address         | 374 N BISCAYNE RIVER DR | Address         | 374 N BISCAYNE RIVER DR |
| City-State-Zip: | MIAMI FL 33169          | City-State-Zip: | MIAMI FL 33169          |

*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:** KIMBERLY JOUDA

**OWNER**

**04/14/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date