

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000282075

**Entity Name:** ABA ALL DAY LLC

**Current Principal Place of Business:**

1999 LONGFELLOW DRIVE  
NORTH FORT MYERS, FL 33903

**Current Mailing Address:**

1999 LONGFELLOW DRIVE  
LONGFELLOW DRIVE  
NORTH FORT MYERS, FL 33903 US

**FEI Number:** 87-4827490

**Certificate of Status Desired:** Yes

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

DUFFY, SHANNON  
1999 LONGFELLOW DRIVE  
NORTH FORT MYERS, FL 33903 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 DUFFY, SHANNON  
Address 1999 LONGFELLOW DRIVE  
City-State-Zip: NORTH FORT MYERS FL 33903

*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:** SHANNON DUFFY

MGR

01/23/2023

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

\_\_\_\_\_  
Date