

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000228693

**Entity Name:** ABAD S.A. LLC

**Current Principal Place of Business:**

3121 ARMSTRONG SPRING DR  
KISSIMMEE, FL 34744

**Current Mailing Address:**

3121 ARMSTRONG SPRING DR  
KISSIMMEE, FL 34744 US

**FEI Number:** 92-3975034

**Certificate of Status Desired:** No

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

ABAD, SONIA  
3121 ARMSTRONG SPRING DR  
KISSIMMEE, FL 34744 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 ABAD, SONIA  
Address 7346 MEADOWLARK PLACE  
City-State-Zip: PHILADELPHIA PA 19153

Title AMBR  
Name SAQUICELA ABAD, JUAN A  
Address 7346 MEADOWLARK PLACE  
City-State-Zip: PHILADELPHIA PA 19153

Title AMBR  
Name SAQUICELA ABAD, NICOLAS A  
Address 7346 MEADOWLARK PLACE  
City-State-Zip: PHILADELPHIA PA 19153

*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:** SONIA ABAD

MGR

03/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date