

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000244004

**Entity Name:** ABNS, LLC

**Current Principal Place of Business:**

11352 W STATE RD 84  
SUITE 80  
DAVIE, FL 33325

**Current Mailing Address:**

11352 W STATE RD 84  
SUITE 80  
DAVIE, FL 33325 US

**FEI Number:** 93-1446132

**Certificate of Status Desired:** No

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

PLOTKA, EVAN B  
3837 HOLLYWOOD BOULEVARD  
SUITE A  
HOLLYWOOD, FL 33021 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            ALSTON, NOEL A  
Address        11352 W STATE RD 84  
                  SUITE 80  
City-State-Zip: DAVIE FL 33325

Title            AMBR  
Name            ALSTON, ELIEEN E  
Address        11352 W STATE RD 84  
                  SUITE 80  
City-State-Zip: DAVIE FL 33325

*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:** NOEL ALSTON

**MGR**

**04/09/2024**

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

\_\_\_\_\_  
Date