

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90074 005 ****50.00

DOCUMENT # L00000002703

1. Entity Name

ABC TITLE PAWN, L.L.C.



Principal Place of Business

2415 S.E. DIXIE HIGHWAY
STUART FL 34996

Mailing Address

2415 S.E. DIXIE HIGHWAY
STUART FL 34996



2. Principal Place of Business

4720 NE INDIAN RIVER DR

3. Mailing Address

4720 NE INDIAN RIVER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/06)

City & State

Jensen Beach, FL

City & State

J.B., FL

4. FEI Number

65-0988955

Applied For

Not Applicable

Zip

34957

Country

USA

Zip

34957

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOBSON, WILLIAM A
2415 S.E. DIXIE HIGHWAY
STUART FL 34996

7. Name and Address of New Registered Agent

Name

MARY C. MULLAHY

Street Address (P.O. Box Number is Not Acceptable)

4720 NE INDIAN RIVER DR.

City

JENSEN BEACH

FL

Zip Code

34957

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

MARY C. MULLAHY, MGR MEMBER

7/31/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM
NAME DOBSON, WILLIAM A
STREET ADDRESS 2415 S.E. DIXIE HWY
CITY- ST- ZIP STUART FL 34996 ☒ Delete

TITLE MGRM
NAME MMLLC
STREET ADDRESS 1365 GOVERNMENT STREET STE 5
CITY- ST- ZIP MOBILE AL 36605 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE MGRM
NAME MM LLC
STREET ADDRESS 7019 1st AVE N.
CITY- ST- ZIP BHM AL 35206 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 208, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/31/06

772-334-2363