

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004548

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** ABBIE JOAN ENTERPRISES, LLC

**Current Principal Place of Business:**

4535 DOMESTIC AVE.  
SUITE D  
NAPLES, FL 34104 US

**New Principal Place of Business:**

1460 GOLDEN GATE PARKWAY  
SUITE 103 PMB 3002  
NAPLES, FL 34105 US

**Current Mailing Address:**

4535 DOMESTIC AVE  
SUITE D  
NAPLES, FL 34104

**New Mailing Address:**

**FEI Number:** 59-3637366      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SLADICK, ABBIE J  
2611 66TH ST SW  
NAPLES, FL 34105 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** SLADICK, ABBIE J.W.  
**Address:** 2611 66TH ST SW  
**City-St-Zip:** NAPLES, FL 34105

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** ABBIE SLADICK

MGR

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date