2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# L00000012056

Entity Name: ABILITY-SERVICE, L.L.C.

Current Principal Place of Business:

4832 CANDIA ST
CAPE CORAL, FL 33904

New Principal Place of Business:

5267 STRATFORD CT.
CAPE CORAL, FL 33904

Current Mailing Address:

4832 CANDIA ST
CAPE CORAL, FL 33904

New Mailing Address:

P.O. BOX 61172
FORT MYERS, FL 33906

FEI Number: 52-2277403 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSENTRETER, RALF
7867 GO CANES WAY
FORT MYERS, FL 33966 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: RALF JUERGEN ROSENTRETER
Address: 7867 GO CANES WAY
City-St-Zip: FORT MYERS, FL 33966

Title: MGRM ( ) Delete
Name: ARNE OLAF RIEBER
Address: 5267 STRATFORD CT.
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

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

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: RALF ROSENTRETER MGRM 04/22/2009

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