

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000012056

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

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5267 STRATFORD CT.  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 61172  
FORT MYERS, FL 33906

**New Mailing Address:**

FEI Number: 52-2277403

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

I hereby 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 ROSENTERER

MGRM

04/18/2011

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