2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 12, 2007 8:00 am Secretary of State 03-12-2007 90486 004 ****50.00

DOCUMENT # L0100007114 1. Entity Name ABS CONNECTIONS, LLC						03-12-2007 9	00486 004 ****50).00
Principal Plac 4668 32ND BRADENTON	COURT EAST	Mailing Address P O BOX 19319 SARASOTA, FL 34296						
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02172007	Chg-LLC	CR2E083 (12/06))
City & State		City & State			4. FEI Numb			applied For lot Applicable
Žip	Country	Zip	Count	ry	5. Certificate of Status Desired			
	6. Name and Address of Current	Registered Agent	egistered Agent Name		7. Name an	d Address of New R	egistered Agent	
2058 CÓN	ATHERINE L ISTITUTUION BLVD FA, FL 34231				is (P.O. Box Numb	ber is Not Acceptable))	
				City			FL Zip C∞	de
8. The above	named entity submits this statement for	or the purpose of changing its	s registere	ad office or regis	tered agent, or b	oth, in the State of Flo]	i, and accept
the obligat	tions of registered agent.		-		-			
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	TE: Registered	d Agent signature requi	ilred when reinstating)		DATE	
	iling Fee is \$50.00 ue by May 1, 2007					1	e check payable to a Department of Sta	te
9.	MANAGING MEMBE	 ERS/MANAGERS	10.		_	ADDITIONS/	CHANGES	
TITLE	MGRM	☐ Delete	TITLE	· I			☐ Change	Addition
NAME STREET ADORESS	PINTO, FERNANDO 4668 32ND COURT EAST		NAME	E Et adoress				
CITY-ST-ZIP	BRADENTON, FL 34203			-ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP				ET ADORESS - ST-ZIP				
TITLE		☐ Delete	TITLE			·	☐ Change	Addition
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP				et address - St-Zip				
TITLE		□ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME				- -	_
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP			☐ Change	Addition
TITLE NAME		☐ Delete	TITLE					L. Auguron
STREET ADDRESS				ET ADORESS				
CITY-ST-ZIP				-ST-ZIP				- tdilion
TITLE NAME		☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			CITY-	-ST-ZIP				
indicated	certify that the information supplied with d on this report is true and accurate and ability company or the receiver or trustee	I that my signature shall have	e the same	e legal effect as i	if made under oat	th; that I am a manag	urther certify that the inf ging member or manag	iormation per of the
SICNAT	TURE:		\rightarrow	~		13-8-	07	
SIGNAI	UKE:					<u> </u>	<u>- ' </u>	