

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90046 009 ****50.00

DOCUMENT # L01000014050

1. Entity Name

ABC BARTENDING SCHOOLS, LLC



Principal Place of Business

3419 N. DIXIE HWY.
FT. LAUDERDALE, FL 33334

Mailing Address

3419 N. DIXIE HWY.
FT. LAUDERDALE, FL 33334

DO NOT WRITE IN THIS SPACE



02272004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

33-0923174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHN, LEE A
525 S. ANDREWS AVENUE
FT. LAUDERDALE, FL 33301

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SYLVESTER, ANTHONY
STREET ADDRESS	3919 N DIXIE HWY
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334

TITLE	
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 608, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

Anthony Sylvester 4/26/04