## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **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

## **FILED** Apr 14, 2005 8:00 am Secretary of State

04-14-2005 90026 038 \*\*\*\*50.00



04052005 No Chg-LLC DO NOT WRITE IN THIS SPACE

CR2E083 (10/03) Applied For 4. FEI Number Not Applicable

33-0923174 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

SIGNATURE:

SIGNATURE AND TYPED OR

## 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, 2005					*
9.	MANAGING MEMBERS/MANAGERS		*		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SYLVESTOR, ANTHONY 3919 N DIXIE HWY FORT LAUDERDALE, FL 33334				. •
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE	,				4
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT WRITE	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	;		) 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 eath; 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.					