

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90272 004 *****55.00

DOCUMENT # L02000011581

1. Entity Name

ABEL ENTERPRISES, L.L.C.



Principal Place of Business

**232 BELLE DR.
SATSUMA FL 32189-2100**

Mailing Address

**232 BELLE DR.
SATSUMA FL 32189-2100**

2. Principal Place of Business

3. Mailing Address

P.O. Box 334

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

San Mateo, FL

Zip

Country

Zip

Country

32187-0334

USA

4. FEI Number

05-0560749

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABEL, JANE E
232 BELLE DR.
SATSUMA FL 32189-2100**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
ABEL, JANE E
232 BELLE DR
SATSUMA FL 32189-2100**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/21/04

Date

Daytime Phone #

(386) 972-6063