2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000019758

1. Entity Name
ABBOTT, ALDERMAN & ASSOCIATES, LLC

Principal Place of Business	Mailing Address
555 W GRANADA BLVD G-10 ORMOND BEACH, FL 32174	555 W GRANADA BLVD G-10 ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SPACE

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90442 045 ****50.00

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03262007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
55-0789698		Not Applicable

5. Certificate of Status Desired	☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ALDERMAN, MARK DALE
555 W GRANADA BLVD
G-10
ORMOND BEACH, FL 32174

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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, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	ALDERMAN, MARK D
STREET ADDRESS	555 W GRANADA BLVD, SUITE G-10
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #