

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90214 034 \*\*\*\*50.00

**DOCUMENT # L02000026635**

1. Entity Name  
**ABG ATLANTA, LLC**



Principal Place of Business  
**4162 OXFORD AVENUE  
JACKSONVILLE, FL 32210**

Mailing Address  
**4162 OXFORD AVENUE  
JACKSONVILLE, FL 32210**

**DO NOT WRITE IN THIS SPACE**



01082004No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**54-2078813**

Applied For  
Not Applicable

5. - Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**STONEBURNER, BERRY & SIMMONS, P.A.  
ONE INDEPENDENT DR., STE. 2000  
JACKSONVILLE, FL 32202**

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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	SMITH, TAYLOR M SR
STREET ADDRESS	4162 OXFORD AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	MGRM
NAME	RONNING, SCOTT
STREET ADDRESS	4380 MECCA HAMMOCK TRAIL
CITY-ST-ZIP	SANFORD, FL 32773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 #

**1-18-04** **904-388-4148**