

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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APR 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000031003

1. Entity Name
ABBEY RESTORATION CONTRACTORS, LLC



Principal Place of Business
6290 147TH AVE N
CLEARWATER, FL 33760 US

Mailing Address
3709 SHORE BLVD
OLDSMAR, FL 34677 US

DO NOT WRITE IN THIS SPACE



03202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
03-0493153

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KATNY, PETER A
3709 SHORE BLVD
OLDSMAR, FL 34677

**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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KATNY, PETER A 3709 SHORE BLVD OLDSMAR, FL 34677
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05/15/07-80139-019 50.00

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IN THIS SPACE**

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 #

3-30-07 (727) 539 7005