

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90307 024 ****50.00

DOCUMENT # L03000013865

1. Entity Name

FABCO 117, LLC



Principal Place of Business

Mailing Address

512 S 9TH STREET
FT PIERCE FL 34950

512 S 9TH STREET
FT PIERCE FL 34950



2. Principal Place of Business - No P.O. Box #
2175 SE 6th Street

3. Mailing Address
2175 SE 6th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt A

Apt A

City & State

City & State

Pompano Beach, FL

Pompano Beach, FL

Zip

Country

Zip

Country

33062

USA

33062

USA

1st MOORE

CR2E083 (10/06)

4. FEI Number

45-0511787

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

JAKAB, CHERYL
512 S 9TH STREET
FT PIERCE FL 34950

Name

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

2175 SE 6th ST UNIT A

City

POMPADO BEACH FL

Zip Code

33062

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

Cheryl Jakab

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FABISZEWSKI, WALTER J III
8 ASPEN DRIVE
CAPE MAY COURT HOUSE NJ 08210 ☐ 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 exemptions contained in Section 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:

Walter J Fabiszewski III

WALTER J FABISZEWSKI III / MGRM 2/13/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

604-740-7720