

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90206 027 ***138.75

DOCUMENT # L03000014862

1. Entity Name

ABBEYS WAY, LLC



Principal Place of Business

1703 BRISTOL AVE.
TAMPA FL 33606

Mailing Address

1703 BRISTOL AVE.
TAMPA FL 33606



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-0048517

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

~~PULLEN, RODNEY~~
~~2224 CATTLEMAN DR~~
~~BBANDON FL 33511~~

Name

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

1806 Parkwood Drive

City

Valrico

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

4/23/08

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME HIGGS, LINDA S
STREET ADDRESS 1703 W BRISTOL AVE
CITY-ST-ZIP TAMPA FL 33606

TITLE MGRM ☒ Change ☐ Addition
NAME Clemente, Linda S
STREET ADDRESS 1703 W. Bristol Ave
CITY-ST-ZIP Tampa FL 33606

TITLE MGRM ☐ Delete
NAME HIGGS, GEORGE
STREET ADDRESS 1703 W BRISTOL AVE
CITY-ST-ZIP TAMPA FL 33606

TITLE MGRM ☒ Change ☐ Addition
NAME Clemente, George
STREET ADDRESS 1703 W. Bristol Ave
CITY-ST-ZIP Tampa FL 33606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Linda S Clemente
Linda S Clemente

4/23/08

813 2236605

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

Date

Daytime Phone #