

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000030232

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Entity Name:** AGB, L.L.C.

**Current Principal Place of Business:**

42 SLEEPY HOLLOW TRAIL  
PALM COAST, FL 32164

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 220  
FLAGLER BEACH, FL 32136

**New Mailing Address:**

**FEI Number:** 65-1201470

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARR, ARTHUR M  
42 SLEEPY HOLLOW TRL  
PALM COAST, FL 32164 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BARR, ARTHUR M  
Address: 42 SLEEPY HOLLOW TRL  
City-St-Zip: PALM COAST, FL 32164

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ARTHUR M. BARR

MGRM

04/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date