## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Feb 02, 2006 8:00 am **Secretary of State DOCUMENT # L03000040930** 01-12-2006 90039 015 \*\*\*\*50.00 1. Entity Name ABLE LLC Principal Place of Business Mailing Address 5810 PAPAYA DRIVE **5810 PAPAYA DRIVE** FORT PIERCE, FL 34982-4401 FORT PIERCE, FL 34982-4401 2. Principal Place of Susiness 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 CR2E083 (11/05) City & State City & State Applied For 4. FFI Number 30-022<u>5790</u> Not Applicable Zin Country Zio Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BECHT, EDWARD W Street Address (P.O. Box Number is Not Acceptable) 321 SOUTH SECOND STREET FORT PIERCE, FL 34950 City 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 Spreads spend or provided name of regulated appert and little 4 applicable. Filling Fee is \$50.00 Oue by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS #: 10 ADDITIONS/CHANGES mr annt ☐ Change ☐ Addition ☐ Delete LUNDEEN, GORDON . NAME 5810 PAPAYA DRIVE! STREET ADDRESS FORT PIERCE, FL: 349824401 CITY-ST-71P CITY+ST-7IP TITLE C Deleta TITLE ☐ Change ☐ Addition NAME KLLEF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE Delete TITL F ☐ Change ☐ Addition MALLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Detete TILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE IME Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

GORDON

SIGNATURE:

LUNDEEN

1-12-06

FILED

772-895-0509



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 17, 2006

ABLE LLC 5810 PAPAYA DRIVE FORT PIERCE, FL 34982-4401

Subject: ABLE LLC

Reference Number: (

L03000040930

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JD ANNUAL REPORTS SECTION