

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90139 019 \*\*\*\*50.00

**DOCUMENT # L03000041078**

1. Entity Name  
**AABSTRACTS, LLC**



Principal Place of Business  
**155 CRYSTAL BEACH DRIVE  
SUITE 137  
DESTIN, FL 32541**

Mailing Address  
**155 CRYSTAL BEACH DRIVE  
SUITE 137  
DESTIN, FL 32541**

**24063932**



2. Principal Place of Business

3. Mailing Address

04132004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **20-0324630**

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

**CASTLE, HARROLL D  
155 CRYSTAL BEACH DRIVE  
SUITE 131  
DESTIN, FL 32541**

Name  
**Kathleen M. Deaver**

Street Address (P.O. Box Number is Not Acceptable)  
**985 John White Road**

City  
**Defuniak Springs**

**FL**

Zip Code  
**32435**

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

*Kathleen M. Deaver*

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, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DEAVER, KATHLEEN M  
985 JOHN WHITE ROAD  
DEFUNIAK SPRINGS, FL 32435** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
STEWART, RICHARD C  
P.O. BOX 1033  
SHALIMAR, FL 32579** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CASTLE, HARROLL D  
155 CRYSTAL BEACH DRIVE, SUITE 131  
DESTIN, FL 32541** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

*Kathleen M. Deaver*

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

**4/23/04**

Date

**850-892-4535**

Daytime Phone #