2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2007
Secretary of State

DOCUMENT# L03000048464

Entity Name: A. B. C. SERVICES, LLC.

Current Principal Place of Business:

11443 CHASE MEADOWS DR. N
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

11443 CHASE MEADOWS DR. N
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 20-0429060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEGRON, WINDA Z
11443 CHASE MEADOWS DR. N
JACKSONVILLE, FL 32256 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	( ) Delete
Name:	NEGRON, WINDA Z	
Address:	11443 CHASE MEADOWS DR.N	
City-St-Zip:	JACKSONVILLE, FL 32256 US	
Title:	MGRM	( ) Delete
Name:	NEGRON, JAIME A	
Address:	11443 CHASE MEADOWS DR. N	
City-St-Zip:	JACKSONVILLE, FL 32256 US	
Title:	MGR	( ) Delete
Name:	NEGRON, JAIME M	
Address:	11443 CHASE MEADOWS DR. N	
City-St-Zip:	JACKSONVILLE, FL 32256 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: JAIME A. NEGRON MGRM 02/26/2007

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