

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000048464

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

**FILED**  
**Jan 08, 2012**  
**Secretary of State**

**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  
Name: NEGRON, WINDA Z  
Address: 11443 CHASE MEADOWS DR.N  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGRM  
Name: NEGRON, JAIME A  
Address: 11443 CHASE MEADOWS DR. N  
City-St-Zip: JACKSONVILLE, FL 32256 US

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: WINDA Z NEGRON

MGRM

01/08/2012

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