MIKE ABENE IS THE ONLY PERSON INVOLVED IN MIKE ABENE LLC

FILED
May 03, 2004 8:00 am
Secretary of State
03-16-2004 90171 015 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

34005084

MOORE CR2E083 (11/03)

DOCUMENT # L03000050137

1. Entity Name
MIKE ABENE, LLC

Principal Place of Business	Mailing Address
5331 25TH STREET WEST BRADENTON FL 34207-3010	5331 25TH STREET WEST BRADENTON FL 34207-3010

2. Principal Place of Business	3. Mailing Address
MANATEE County	5331 25th St. West
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRADENTON FL	City & State: BRADENTON FL
Zip: 34207 Country: MANATEE	Zip: 34207 Country: MANATEE

4. FEI Number: 20-0449205 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ABENE, MICHAEL A
5331 25TH STREET WEST
BRADENTON FL 34207-3010

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Ordained~~ MANAGING MEMBER ☐ Delete MIKE ABENE 5331 25th St W BRADENTON, FL 34207	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Michael A Abene 4-10-04 941-713-3228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

MIKE ABENE IS ONLY PERSON INVOLVED WITH MIKE ABENE LLC
I HAVE NO MANAGERS, NO EMPLOYEES. I WORK FOR CERTIFIED CONTRACTORS (BUILDING)

Thank you
Mike Abene