

# 2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000000293

FILED  
Sep 02, 2009  
Secretary of State

Entity Name: ABDO & BURTS, LLC

**Current Principal Place of Business:**

4301 NE 23RD AVE  
FORT LAUDERDALE, FL 33308 US

**New Principal Place of Business:**

**Current Mailing Address:**

4809 RIVER PLACE DRIVE  
KNOXVILLE, TN 37914 US

**New Mailing Address:**

FEI Number: 20-0736047

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ABDO, FRANK J  
4301 NE 23RD AVENUE  
FORT LAUDERDALE, FL 33308 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: ABDO, FRANK J  
Address: 4301 N.E. 23RD AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGRM ( ) Delete  
Name: BURTS, JESS K  
Address: 19343 SW 39TH STREET  
City-St-Zip: MIRAMAR, FL 33029

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FRANK J. ABDO, TRUSTEE, UAD 8/1/86  
Address: 4301 N.E. 23RD AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGRM (X) Change ( ) Addition  
Name: JESS BURTS ENTERPRISES, INC.  
Address: 19343 SW 39TH STREET  
City-St-Zip: MIRAMAR, FL 33029

I hereby certify that the information supplied with this filing does not qualify 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: JESS K. BURTS

P

09/02/2009

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