

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 31, 2005 8:00 am
Secretary of State

05-02-2005 90374 023 ****50.00

DOCUMENT # L04000012042			
1. Entity Name ABC INVESTMENTS, LLC.			
Principal Place of Business 7231 INTERNATIONAL DRIVE ORLANDO, FL 32819		Mailing Address 7231 INTERNATIONAL DRIVE ORLANDO, FL 32819	
2. Principal Place of Business		3. Mailing Address 6500 Carrier Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Orlando FL	
Zip	Country	Zip	Country
32819		32819	
4. FEE Number 861097716		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SACUEZA, EVA S 7231 INTERNATIONAL DRIVE ORLANDO, FL 32819		7. Name and Address of New Registered Agent A. J. Manghnani 6500 Carrier Drive Orlando FL 32819	
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: A. J. Manghnani DATE: 4-25-05 Signature, typewritten or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when amending)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANGHNANI, MONA A 7231 INTERNATIONAL DRIVE ORLANDO, FL 32819 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM A-J. MANGHNANI 6500 CARRIER DR ORLANDO FL 32819 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANGHNANI, ARUN A 7231 INTERNATIONAL DRIVE ORLANDO, FL 32819 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER ASHOK GOLANI 6500 CARRIER DRIVE ORLANDO FL 32819 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANGHNANI, DIMPLE A 7231 INTERNATIONAL DRIVE ORLANDO, FL 32819 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASHOK GOLANI ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.			
SIGNATURE: A-J. Manghnani		4-2505 407-491-7669	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	