

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014717

FILED  
May 01, 2006  
Secretary of State

Entity Name: ABC HOLDING COMPANY, LLC

**Current Principal Place of Business:**

5043 CORONADO PARKWAY  
NAPLES, FL 34116

**New Principal Place of Business:**

**Current Mailing Address:**

5043 CORONADO PKWY  
NAPLES, FL 34116

**New Mailing Address:**

FEI Number: 51-0500382      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

OATES, MARC F P.A.  
C/O MARC F. OATES, ESQ.  
10001 TAMiami TRAIL NORTH, SUITE 119  
NAPLES, FL 34108 US

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: GONZLEZ, EFSTATHIA  
Address: 5248 MAPLE LANE  
City-St-Zip: NAPLES, FL 34113

Title: MGRM ( ) Delete  
Name: KAPAYIANNIDIS, KATINA  
Address: 6795 WEATHERBY COURT  
City-St-Zip: NAPLES, FL 34104

**ADDITIONS/CHANGES:**

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: EFSTATHIA GONZALEZ

MGRM

05/01/2006

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