

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018382

FILED
Feb 08, 2006
Secretary of State

Entity Name: PHAB, LLC

Current Principal Place of Business:

2522 MAYWOOD ST.
EUSTIS, FL 32726

New Principal Place of Business:

Current Mailing Address:

2175 PATE RD.
JULIETTE, GA 31046

New Mailing Address:

FEI Number: 20-0752826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BADLEY, MARK
2522 MAYWOOD ST.
EUSTIS, FL 32726 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: BADLEY, MARK
Address: 2522 MAYWOOD ST.
City-St-Zip: EUSTIS, FL 32726

Title: MGRM () Delete
Name: BADLEY, ABIGAIL
Address: 2522 MAYWOOD ST.
City-St-Zip: EUSTIS, FL 32726

Title: MGRM () Delete
Name: WALLACE, HOWARD
Address: 2175 PATE RD.
City-St-Zip: JULIETTA, GA 31046

Title: MGRM () Delete
Name: WALLACE, PAULA
Address: 2175 PATE RD.
City-St-Zip: JULIETTA, GA 31046

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HOWARD WALLACE

MGMR

02/08/2006

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