


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State

05-25-2005 90573 011 ****55.00

DOCUMENT # L04000031243	
1. Entity Name ABUNDANT FUNDING SOURCE, LLC	

Principal Place of Business 609 SEA PINE WAY C-1 WEST PALM BEACH, FL 33415	Mailing Address 609 SEA PINE WAY C-1 WEST PALM BEACH, FL 33415
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20059414



2. Principal Place of Business P.O. Box 542535	3. Mailing Address P.O. Box 542535
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02032005 Chg-LLC CR2E083 (10/03)

City & State Lake Worth, FL	City & State Lake Worth, FL
Zip 33454	Country USA
Zip 33454	Country USA

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent THOMAS, ELIJAH JR. 609 SEA PINE WAY C-1 WEST PALM BEACH, FL 33415	
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7. Name and Address of New Registered Agent	
Name Elijah Thomas, Jr.	
Street Address (P.O. Box Number is Not Acceptable) 609 Sea Pine Way Unit C-1	
City West Palm Beach	Zip Code FL 33415

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 *Elijah Thomas, Jr.* **Elijah Thomas, Jr. Registered Agent** **2/3/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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	MGR THOMAS, SHAWNTRICE Z 609 SEA PINE WAY C-1 WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Elijah Thomas, Jr.* **Elijah Thomas, Jr.** **5/23/05 (56)253-4854**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #