

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000043920

1. Entity Name
ABL BOAT LIFTS, LLC



Principal Place of Business
**1965 DANA DRIVE
FT. MYERS, FL 33907 US**

Mailing Address
**1965 DANA DRIVE
FT. MYERS, FL 33907 US**

DO NOT WRITE IN THIS SPACE



03272008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-1245939

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MEEHAN, JOHN D
1965 DANA DRIVE
FT. MYERS, FL 33907**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

04/15/08-80060-002 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEEHAN, JOHN D 1965 DANA DRIVE FT. MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEEHAN, ELIZABETH L 1965 DANA DRIVE FT. MYERS, FL 33907
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.