2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Feb 25, 2005 8:00 am
Secretary of State

01-21-2005 90092 035 ****50.00

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01152005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000051720

1. Entity Name
A.B.D. CONTRACTING SERVICES, L.L.C.

Principal Place of Business	Mailing Address
480 ALLISON AVE LONGWOOD, FL 32750	480 ALLISON AVE LONGWOOD, FL 32750

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-1393214 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUBINO, NICHOLAS J ESQ
RUBINO & ASSOCIATES, PLC
159 LOOKOUT PLACE, STE 101
MAITLAND, FL 32751-4466

7. Name and Address of New Registered Agent

Name: ANDREA B. DINKINS
Street Address (P.O. Box Number is Not Acceptable): 480 ALLISON AVENUE
City: LONGWOOD FL Zip Code 32750

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]
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 DINKINS, ANDREA B 480 ALLISON AVE LONGWOOD, FL 32750	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] ANDREA B DINKINS 1/14/05 407/834-6852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #