

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000051893

Entity Name: AB FLYS, LLC

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5542 NW 43RD STREET  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

5542 NW 43RD STREET  
GAINESVILLE, FL 32653 UN

**Current Mailing Address:**

5542 NW 43RD STREET  
GAINESVILLE, FL 32653

**New Mailing Address:**

FEI Number: 20-2495919

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOSSHARDT, AARON M  
5542 NW 43RD STREET  
GAINESVILLE, FL 32653 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  
Name: BOSSHARDT, AARON M  
Address: 5542 NW 43RD STREET  
City-St-Zip: GAINESVILLE, FL 32653 US

Title: MGRM  
Name: TOMLINSON, KELLY  
Address: 801 NE 23RD AVENUE, SUITE D-1  
City-St-Zip: GAINESVILLE, FL 32609

I hereby 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: AARON BOSSHARDT

MGRM

05/01/2012

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