

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90154 040 ****55.00

DOCUMENT # L04000051920

1. Entity Name

HOWARD ABBOTT, LLC



Principal Place of Business

14221 SE SUNSET HARBOR RD.
WEIRSDALE FL 32195
US

Mailing Address

14221 SE SUNSET HARBOR RD.
WEIRSDALE FL 32195
US

2. Principal Place of Business

14151 SE 141ST Loop
Suite, Apt. #, etc. R.O. 15

3. Mailing Address

P.O. Box 18
Suite, Apt. #, etc.

City & State

Ocklawaha FL

City & State

Eastlake Weir FL

Zip

32179

Country

Marion

Zip

32133

Country

Marion

6. Name and Address of Current Registered Agent

ABBOTT, HOWARD
14221 SE SUNSET HARBOR RD.
WEIRSDALE FL 32195

7. Name and Address of New Registered Agent

Name

HOWARD ABBOTT

Street Address (P.O. Box Number is Not Acceptable)

14151 S.E. 141ST Loop R.O. 15

City

Ocklawaha

FL

Zip Code

32133

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

Howard Abbott

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ABBOTT, HOWARD
STREET ADDRESS 14221 SE SUNSET HARBOR RD.
CITY-ST-ZIP WEIRSDALE FL 32195

☐ Delete

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Howard Abbott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

HOWARD ABBOTT

1-31-05-(352) 425-4659