

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90196 003 ****50.00

DOCUMENT # L04000053753

1. Entity Name

AABC, LLC



Principal Place of Business

Mailing Address

8641 ESTATE DRIVE
WEST PALM BEACH FL 33411

P.O. BOX 250
BOYNTON BEACH FL 33425-0250



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-1509839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

AGIUS, TONY
126 CAROLINE DRIVE
WEST PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name

William McColman

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

4640 Lotus Way

City

Boynton Beach

FL

Zip Code

33436

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

William McColman William McColman

1/27/07

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME AGIUS, TONY
STREET ADDRESS 126 CAROLINE DRIVE
CITY - ST - ZIP WEST PALM BEACH FL 33413

TITLE MGRM ☐ Delete
NAME AVERKAMP, JOHN M
STREET ADDRESS 8641 ESTATE DRIVE
CITY - ST - ZIP WEST PALM BEACH FL 33411

TITLE MGRM ☐ Delete
NAME MCCOLMAN, WILLIAM
STREET ADDRESS 4640 LOTUS WAY
CITY - ST - ZIP BOYNTON BEACH FL 33436

TITLE MGRM ☐ Delete
NAME CURTIS, MATTHEW D
STREET ADDRESS 6173 PINE DRIVE
CITY - ST - ZIP LANTANA FL 33462

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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

SIGNATURE:

William McColman

1/27/07

561-732-2938

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

Date

Daytime Phone #