

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90071 013 ***138.75

DOCUMENT # L04000053753

1. Entity Name

AABC, LLC



Principal Place of Business

8641 ESTATE DRIVE
WEST PALM BEACH FL 33411

Mailing Address

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 (10/07)

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

MCCULMEN, WILLIAM
4640 LOTUS WAY
BOYNTON BEACH FL 33436

- Name spelled wrong

7. Name and Address of New Registered Agent

Name

McColman, William E.

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

[Signature]

William E. McColman MGRM

2/5/08

(NOTE: Registered Agent's signature required when resigning)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | AGIUS, TONY | |
| STREET ADDRESS | 126 CAROLINE DRIVE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33413 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | AVERKAMP, JOHN M | |
| STREET ADDRESS | 8641 ESTATE DRIVE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33411 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | MCCOLMAN, WILLIAM | |
| STREET ADDRESS | 4640 LOTUS WAY | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33436 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | CURTIS, MATTHEW D | |
| STREET ADDRESS | 6173 PINE DRIVE | |
| CITY-ST-ZIP | LANTANA FL 33462 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]

William McColman

2/5/2008

561-732-2938

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

Date

Daytime Phone #