

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084999

Entity Name: ABLEZ, L.L.C.

FILED
Sep 01, 2005
Secretary of State

Current Principal Place of Business:

2019 SW 20TH ST., STE 200
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

2015 SW 20TH ST., STE 100
FORT LAUDERDALE, FL 33315

Current Mailing Address:

2019 SW 20TH ST., STE 200
FORT LAUDERDALE, FL 33315

New Mailing Address:

2015 SW 20TH ST., STE 100
FORT LAUDERDALE, FL 33315

FEI Number: 20-1935543 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, CHRISTIAN
2019 SW 20TH ST., SUITE 200
FORT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

SMITH, CHRISTIAN
2015 SW 20TH ST., SUITE 100
FORT LAUDERDALE, FL 33315 US

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: CHRISTIAN SMITH

09/01/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHLAKE, BRIAN
Address: 667 MYRTLE AVE
City-St-Zip: HOLLAND, MI 49423

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHLAKE, BRIAN
Address: 6700 NW. 25TH WAY
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRIAN SCHLAKE

MGRM

09/01/2005

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