

4/20/20

FILED
Jun 06, 2005 8:00 am
Secretary of State

04-20-2005 90030 043 ****50.00

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT (AR)**

DOCUMENT # L04000085326					
1. Entity Name ABITAR, LLC.					
Principal Place of Business 149 COCOANUT AVENUE SARASOTA FL 34236			Mailing Address 149 COCOANUT AVENUE SARASOTA FL 34236		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1940679	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PARKER, THEODORE 2033 MAIN STREET, SUITE 100 SARASOTA FL 34237				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	FRANKLIN, BRUCE E		NAME		
STREET ADDRESS	149 COCOANUT AVENUE		STREET ADDRESS		
CITY- ST- ZIP	SARASOTA FL 34236		CITY- ST- ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	TOWN, ROBERT M		NAME		
STREET ADDRESS	149 COCOANUT AVENUE		STREET ADDRESS		
CITY- ST- ZIP	SARASOTA FL 34236		CITY- ST- ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SUAREZ, JAVIER		NAME		
STREET ADDRESS	149 COCOANUT AVENUE		STREET ADDRESS		
CITY- ST- ZIP	SARASOTA FL 34236		CITY- ST- ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HOUK, RALPH E		NAME	Ralph E.	
STREET ADDRESS	149 COCOANUT AVENUE		STREET ADDRESS		
CITY- ST- ZIP	SARASOTA FL 34236		CITY- ST- ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	LISTER, SHELLEY		NAME		
STREET ADDRESS	149 COCOANUT AVENUE		STREET ADDRESS		
CITY- ST- ZIP	SARASOTA FL 34236		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Ralph E. Houk . 6/3/05 941-929-2940					
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

3(4)08945



1st MOORE CR2E083 (10/04)