

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005007

**FILED**  
**Apr 20, 2006**  
**Secretary of State**

**Entity Name:** ABOXOFTIGERS, LLC.

**Current Principal Place of Business:**

2168 WHITFIELD DRIVE  
AMELIA ISLAND, FL 32034 US

**New Principal Place of Business:**

2168 WHITFIELD DRIVE  
FERNANDINA BEACH, FL 32034 US

**Current Mailing Address:**

2168 WHITFIELD DRIVE  
AMELIA ISLAND, FL 32034 US

**New Mailing Address:**

2168 WHITFIELD DRIVE  
FERNANDINA BEACH, FL 32034 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCLAUGHLIN, KEVIN  
2168 WHITFIELD DRIVE  
AMELIA ISLAND, FL 32034 US

**Name and Address of New Registered Agent:**

MCLAUGHLIN, KEVIN  
2168 WHITFIELD DRIVE  
FERNANDINA BEACH, FL 32034 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: KEVIN MCLAUGHLIN

04/20/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: MCLAUGHLIN, KEVIN  
Address: 2168 WHITFIELD DR  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: KEVIN MCLAUGHLIN

MGR

04/20/2006

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