

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000005586

**FILED**  
**Mar 08, 2010**  
**Secretary of State**

**Entity Name:** ABELSON PROPERTIES, LLC

**Current Principal Place of Business:**

2017 S. OCEAN DRIVE, UNIT 409 W  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

2017 S. OCEAN DRIVE, UNIT 409 W  
HALLANDALE BEACH, FL 33009

**New Mailing Address:**

**FEI Number:** 86-1127454

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ABELSON, LESLIE  
2017 S. OCEAN DRIVE, UNIT 409 W  
HALLANDALE BEACH, FL 33009 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** P  
**Name:** ABELSON, LESLIE  
**Address:** 2017 S OCEAN DR UNIT 409W  
**City-St-Zip:** HALLANDALE, FL 33009

**Title:** V  
**Name:** WILLINGER, STEVEN  
**Address:** 2017 S OCEAN DR APT. 409W  
**City-St-Zip:** HALLANDALE, FL 33009

I hereby 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:** LESLIE ABELSON

P

03/08/2010

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