

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90138 025 ***138.75

DOCUMENT # L05000006619

1. Entity Name
ABP/DELRAY, LLC



Principal Place of Business
**6827 WEST COMMERCIAL BLVD.
TAMARAC, FL 33319**

Mailing Address
**6827 WEST COMMERCIAL BLVD.
TAMARAC, FL 33319**

60010502



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For

59-1961147

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHAPIRO, MICHAEL B ESQ
7777 GLADES ROAD, STE. 110
BOCA RATON, FL 33434**

Name

Michael J. Janoura

Street Address (P.O. Box Number is Not Acceptable)

6827 West Commercial Boulevard

City

Tamarac

FL

Zip Code
33319

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]
Signature, typed or printed name of registered agent and title if applicable.

Michael J. Janoura

8 February 2008

(NOTE: Registered Agent signature required when reinstating)

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

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SUBLIME, INC.
6827 WEST COMMERCIAL BLVD.
TAMARAC, FL 33319** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Michael J. Janoura, Authorized Rep.

8 February 2008

(954) 721-9190

Date

Daytime Phone #