

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000020751

Entity Name: ABIKE, LLC

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2900 PALLANZA DR. SO.  
ST. PETERSBURG, FL 33705

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 13033  
ST. PETERSBURG, FL 33733

**New Mailing Address:**

FEI Number: 57-1226325

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GLENN, LISA A  
2900 PALLANZA DR. SO.  
ST. PETERSBURG, FL 33705 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: MGR  
Name: GLENN, LISA A  
Address: 2900 PALLANZA DR. SO  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: MGR  
Name: SUBER, JUANITA L  
Address: 2900 PALLANZA DR. SO  
City-St-Zip: ST. PETERSBURG, FL 33705

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: LISA GLENN

MGR

04/30/2010

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