

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000059496

Entity Name: ABM SERVICES LLC

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1721 SW 115 AVENUE  
DAVIE, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

1721 SW 115 AVENUE  
DAVIE, FL 33325

**New Mailing Address:**

FEI Number: 20-3011689

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BAUTISTA, JULIETA K  
1721 SW 115 AVENUE  
DAVIE, FL 33325 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: MGRM  
Name: ARISTIZABAL, LUIS  
Address: 1721 SW 115 AVENUE  
City-St-Zip: DAVIE, FL 33325 US

Title: MGRM  
Name: BAUTISTA, JULIETA K  
Address: 1721 SW 115 AVENUE  
City-St-Zip: DAVIE, FL 33325 US

Title: MGRM  
Name: MEJIA, MILADY  
Address: 1721 SW 115 AVENUE  
City-St-Zip: DAVIE, FL 33325 US

Title: MGRM  
Name: BAUTISTA, GONZALO  
Address: 1721 SW 115 AVENUE  
City-St-Zip: DAVIE, FL 33325 US

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: JULIETA BAUTISTA

MGR

03/03/2010

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