

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068628

Entity Name: ABG6,LLC

FILED
Apr 07, 2011
Secretary of State

Current Principal Place of Business:

950 CONN WAY
VERO BEACH, FL 32963 US

New Principal Place of Business:

950 CONN WAY
644397
VERO BEACH, FL 32963 US

Current Mailing Address:

PO BO 644397
VERO BEACH, FL 32964 US

New Mailing Address:

PO BO 644397
644397
VERO BEACH, FL 32964 US

FEI Number: 54-2181981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, PARKER
2061 INDIAN RIVER BLVD
VERO BEACH, FL 32964 US

Name and Address of New Registered Agent:

SCOTT, PARKER
2061 INDIAN RIVER BLVD
644397
VERO BEACH, FL 32964 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: SCOTT PARKER

04/07/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: PARKER, SCOTT
Address: P O BOX 644397
City-St-Zip: VERO BEACH, FL 32963 US

Title: MGRM
Name: PARKER, SCOTT
Address: 2061 INDIAN RIVER BLVD
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM
Name: PARKER, SCOTT
Address: 2061 INDIAN RIVER BLVD
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM
Name: PARKER, SCOTT
Address: 2061 INDIAN RIVER BLVD
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM
Name: PARKER, SCOTT
Address: 2061 INDIAN RIVER BLVD
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM
Name: PARKER, SCOTT
Address: 2061 INDIAN RIVER BLVD
City-St-Zip: VERO BEACH, FL 32960

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: SCOTT PARKER

MGRM

04/07/2011

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