

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jul 10, 2007 08:00 AM
Secretary of State**

DOCUMENT # L05000075215

1. Entity Name
ABE CONSTRUCTION SERVICES LLC



Principal Place of Business
**6055 HUCKLEBERRY LANE
TALLAHASSEE, FL 32303**

Mailing Address
**6055 HUCKLEBERRY LANE
TALLAHASSEE, FL 32303**



07052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ELY, ADAM
6055 HUCKLEBERRY LANE
TALLAHASSEE, FL 32303**

**DO NOT WRITE
IN THIS SPACE**

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

Adam B. Ely **ADAM B. ELY**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ELY, ADAM
6055 HUCKLEBERRY LANE
TALLAHASSEE, FL 32303**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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U00000767685
07/10/07-80014-013 50.00

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IN THIS SPACE**

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:

Adam B. Ely **ADAM B. ELY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7.5.07 591-6814