

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90198 019 ****50.00

DOCUMENT # L05000078533

1. Entity Name

ABACUS PROFESSIONAL SERVICES GROUP, LLC



Principal Place of Business

1200 NORTH FEDERAL HIGHWAY
SUITE 200
BOCA RATON FL 33432

Mailing Address

1200 NORTH FEDERAL HIGHWAY
SUITE 200
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3289197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLITS, RYAN E ESQ.
1200 NORTH FEDERAL HIGHWAY
SUITE 200
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name: WILLITS, RYAN E, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 120 EAST PALMWOOD PARK ROAD
SUITE 200
City: BOCA RATON FL Zip Code: 33432

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR ☐ Delete
NAME: BONIELLO, TANA LYNN
STREET ADDRESS: 1200 NORTH FEDERAL HIGHWAY SUITE 200
CITY-ST-ZIP: BOCA RATON FL 33432

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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CITY-ST-ZIP:

10. ADDITIONS/CHANGES

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

TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]

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

2/28/06

Date

561.391.9016

Daytime Phone #