

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000084924

Entity Name: AB FAB PILATES LLC

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

117 5TH AVENUE  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 33022  
INDIALANTIC, FL 32903

**New Mailing Address:**

FEI Number: 20-3367621

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCALLISTER, JAYNE M  
256 AQUARINA BOULEVARD  
MELBOURNE BEACH, FL 32951 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: MCALLISTER, JAYNE M  
Address: 256 AQUARINA BOULEVARD  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: MGRM  
Name: MCALLISTER, MICHAEL G  
Address: 256 AQUARINA BLVD  
City-St-Zip: MELBOURNE BEACH, FL 32951

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: MICHAEL MCALLISTER

MGRM

05/01/2011

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