

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90481 004 ****50.00

DOCUMENT # L05000092822

1. Entity Name
ABS INVESTMENTS LLC



Principal Place of Business
**3800 EAST SILVER SPRINGS BLVD., APT. 20
OCALA, FL 34470**

Mailing Address
**3800 EAST SILVER SPRINGS BLVD., APT. 20
OCALA, FL 34470**

60022397



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Apt. 15

Suite, Apt. #, etc.

Apt 15

01252007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

16-1735582

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

Name

Anna Stinehour

Street Address (P.O. Box Number is Not Acceptable)

3800 E. Silver Springs Blvd #15

City

Ocala

FL

Zip Code

34470

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

Anna Stinehour

(Anna Stinehour)

3/8/07

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 May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **STEPHENSON, WILLIAM**
STREET ADDRESS **3800 EAST SILVER SPRINGS BLVD., APT. 20**
CITY-ST-ZIP **OCALA, FL 34470**

TITLE ☐ Change ☐ Addition
NAME **Apt. 15**
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **STINEHOUR, ANNA**
STREET ADDRESS **3800 EAST SILVER SPRINGS BLVD., APT. 20**
CITY-ST-ZIP **OCALA, FL 34470**

TITLE ☐ Change ☐ Addition
NAME **Apt. 15**
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **STEPHENSON, WILLIAM**
STREET ADDRESS **3800 EAST SILVER SPRINGS BLVD., APT. 20**
CITY-ST-ZIP **OCALA, FL 34470**

TITLE ☐ Change ☐ Addition
NAME **Apt - 15**
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **STINEHOUR, ANNA**
STREET ADDRESS **3800 EAST SILVER SPRINGS BLVD., APT. 20**
CITY-ST-ZIP **OCALA, FL 34470**

TITLE ☐ Change ☐ Addition
NAME **Apt - 15**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Anna Stinehour **(Anna Stinehour)**

3/8/07

(352) 854-2322

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

Date

Daytime Phone # **81591**