

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90114 029 ***138.75

DOCUMENT # L05000111977

1. Entity Name
ABCMGR, LLC.



Principal Place of Business
1381 NW 130 AVE
PEMBROKE PINES, FL 33028

Mailing Address
1381 NW 130 AVE
PEMBROKE PINES, FL 33028

00017222

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232008 Chg-LLC CR2E083 (12/06)

4. FEI Number

(20-4820467)

51-0561045

Applied For

Not Applicable

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

BLAS, MARILYN
1381 NW 130 AVE
PEMBROKE PINES, FL 33028

Name

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

City

FL

Zip Code

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 \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
KE, GENY P
17056 NW 16 ST
PEMBROKE PINES, FL 33028 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
VILCHES, NENITA
1169 PEREGRINE WAY
WESTON, FL 33327 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MANCAO, ARISTARCO
5103 BUCHANAN
FORT PIERCE, FL 34982 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BLAS, MARILYN B
1381 NW 130 AVE.
PEMBROKE PINES, FL 33028 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MACATANGAY, MARILLOU
1700 S OCEAN BLVD APT 11C
LAUDERDALE BY THE SEA, FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
ADDRESS
6630 NW 101ST TERR
PARKLAND FL 33076

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SALINEL, RAMONA
13763 GARDEN COVE CT.
DAVIE, FL 33325 ☐ Delete

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

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:

Marilyn Blas

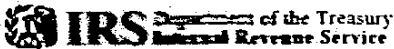
3/24/08

954 437-0876

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

Date

Daytime Phone #



ATTACHMENT

OMB Clearance No.: 1545-0099

000000 UT 84201-0034

In reply refer to: 0425861132
May 17, 2007 LTR 3875C 0
51-0561045 200612 06 000
00022681
BODC: SB

60017223
L05000111977

ASCMGR LLC
1381 NW 130 AVE
PENBROKE PINES FL 33028



021425

Taxpayer Identification Number: 51-0561045
Form: 1065
Tax Period: Dec. 31, 2006

Dear Taxpayer:

We received your return referenced above under Taxpayer Identification Number (TIN) 20-4820467. Our records show you were assigned TIN 51-0561045 so we are processing your return using that TIN. You should file using that TIN for any future filings.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include a copy of this letter and, in the spaces below, provide us with a telephone number with the hours we can reach you. Also, you should keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

Marlene Waters

Marlene Waters
Dept. Manager, Input Corrections