

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111977

FILED
Apr 16, 2009
Secretary of State

Entity Name: ABCMGR, LLC.

Current Principal Place of Business:

1381 NW 130 AVE
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

1381 NW 130 AVE
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 51-0561045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAS, MARILYN
1381 NW 130 AVE
PEMBROKE PINES, FL 33028 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 () Delete
Name: KE, GENY P
Address: 17056 NW 16 ST
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGRM () Delete
Name: VILCHES, NENITA
Address: 1169 PEREGRINE WAY
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: MANCAO, ARISTARCO
Address: 5103 BUCHANAN
City-St-Zip: FORT PIERCE, FL 34982

Title: MGRM () Delete
Name: BLAS, MARILYN B
Address: 1381 NW 130 AVE.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGRM () Delete
Name: MACATANGAY, MARILOU
Address: 6630 NW 101ST TERR
City-St-Zip: POMPANO BEACH, FL 33076

Title: MGRM () Delete
Name: SALINEL, RAMONA
Address: 13763 GARDEN COVE CT.
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARILYN B BLAS

MGRM

04/16/2009

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