

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90039 022 \*\*\*\*50.00

60052529



07022007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L06000027491</b>					
1. Entity Name <b>ABRAHAM &amp; SON MOVERS, LLC</b>					
Principal Place of Business <b>14520 SOUTHWEST 179 LANE MIAMI, FL 33177</b>			Mailing Address <b>14520 SOUTHWEST 179 LANE MIAMI, FL 33177</b>		
2. Principal Place of Business - No P.O. Box # <i>14520 S.W. 179 Ln</i>			3. Mailing Address <i>14520 SW 179 Ln</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>Miami, FL 33177</i>			City & State <i>Miami, FL</i>		
Zip <i>33177</i>			Country <i>DADE</i>		
4. FEI Number <i>22-392-2900</i>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>			7. Name and Address of New Registered Agent Name <i>The Same</i> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GONZALEZ, SABAS 14520 SOUTHWEST 179 LANE MIAMI, FL 33177	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FERNANDEZ GONZALEZ, NELLY 14520 SOUTHWEST 179 LANE MIAMI, FL 33177	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <i>[Signature]</i> <i>7/11/07</i> <i>305-2540304</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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**\*\* This information cannot be changed on the report. \*\***

**Document Number** L06000027491

**Business Entity Name** ABRAHAM & SON MOVERS, LLC

**Original File Date** 03/15/2006

**FEI Number**

**Principal Address** 14520 SOUTHWEST 179 LANE  
MIAMI, FL 33177

**Mailing Address** 14520 SOUTHWEST 179 LANE  
MIAMI, FL 33177

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

**Managing Member/Manager Name And Address**

MGR  
SABAS GONZALEZ  
14520 SOUTHWEST 179 LANE  
MIAMI, FL 33177

ST  
NELLY FERNANDEZ GONZALEZ  
14520 SOUTHWEST 179 LANE  
MIAMI, FL 33177

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