## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L06000036654**

1. Entity Name ABLÉ SUPPLIES, LLC



**FILED** Apr 07, 2008 08:00 Al Secretary of State

Principal Place of Business

**705 BUSBEE AVE** 

SUITE B APOPKA, FL 32703 Mailing Address

**705 BUSBEE AVE** 

**SUITE B** APOPKA, FL 32703

03142008 No Cha-LLC

CR2E083 (12/07)

4. FEI Number 20-4666513

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CALEB, BENEDICT O 705 BUSBEE AVE SUITE B APOPKA, FL 32703

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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 significate required when renetating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALEB, BENEDICT D 705 BUSBEE AVE APOPKA, FL 32703		U00000884490 4/17/08-80045-020 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U**	M117857888 <del>4</del> 37828 130.13
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TITLE 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.

INCINATURE AND TYPED OR PRINTED NAME OF GROWING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE