

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

01-29-2007 90147 021 ****50.00

DOCUMENT # L06000037807

1. Entity Name
A & B VENDING, LLC



Principal Place of Business
**2167 LANAI AVENUE
BELLEAIR BLUFFS, FL 33770**

Mailing Address
**2167 LANAI AVENUE
BELLEAIR BLUFFS, FL 33770**

30001111



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-8390834

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

**BARKLEY, JOSEPH A III
2167 LANAI AVENUE
BELLEAIR BLUFFS, FL 33770**

7. Name and Address of New Registered Agent

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 renewing)

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BARKLEY, JOSEPH A III
2167 LANAI AVENUE
BELLEAIR BLUFFS, FL 33770** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
AMBROSE, MARY LOUISE
2167 LANAI AVENUE
BELLEAIR BLUFFS, FL 33770** ☐ Delete

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

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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, at 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: *Mary Louise Ambrose*

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

1/24/07

727 8128246

Date

Daytime Phone #