2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038189

Entity Name: ABCS OF TICS, LLC

Name:

Address:

City-St-Zip:

5550 BATES STREET

SEMINOLE, FL 33772

FILED Feb 03, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5550 BATES STREET SEMINOLE, FL 33772 **Current Mailing Address: New Mailing Address:** 5550 BATES STREET SEMINOLE, FL 33772 FEI Number: 22-3929365 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HESHELOW, KATHY 5550 BATES STREET SEMINOLE, FL 33772 US 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: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete HESHELOW, KATHY Name: Name: Address: 5550 BATES STREET Address: City-St-Zip: SEMINOLE, FL 33772 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: HESHELOW, HARLAN Name: Address: 5550 BATES STREET Address: City-St-Zip: SEMINOLE, FL 33772 City-St-Zip: Title: () Delete Title: () Change () Addition HESHELOW, HARLAN Name: Name: 5550 BATES STREET Address: Address: City-St-Zip: SEMINOLE, FL 33772 City-St-Zip: () Delete Title: Title: () Change () Addition HESHELOW, KATHY

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.

Name:

Address:

City-St-Zip:

SIGNATURE: KATHY HESHELOW 02/03/2008