

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000042395

**FILED**  
**Aug 09, 2008**  
**Secretary of State**

**Entity Name:** ABITARE CUSTOM DESIGN GROUP LLC

**Current Principal Place of Business:**

2768 CLINTON HEIGHTS CT.  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1282  
WINTER PARK, FL 32790

**New Mailing Address:**

**FEI Number:** 74-3173691      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

TORRES, LUIS R  
2768 CLINTON HEIGHTS CT.  
OVIEDO, FL 32765      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:**

**Title:** MGR      ( ) Delete  
**Name:** TORRES, LUIS R  
**Address:** 2768 CLINTON HEIGHTS CT.  
**City-St-Zip:** OVIEDO, FL 32765

**ADDITIONS/CHANGES:**

**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:** LUIS R. TORRES

MR

08/09/2008

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