2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000047460

1. Entity Name
FAB SERVICES, LLC

Principal Place of Business	Mailing Address
C/O DAVID M. GOLDSTEIN, P.A.	C/O DAVID M. GOLDSTEIN, P.A.
1441 BRICKELL AVENUE, SUITE 1003	1441 BRICKELL AVENUE, SUITE 1003
MIAMI, FL 33131 US	MIAMI, FL 33131 US

DO NOT WRITE IN THIS SPACE

05232007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
33-1143538	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVID M. GOLDSTEIN, P.A.
1441 BRICKELL AVENUE
SUITE 1003
MIAMI, FL 33131

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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 reinstating)   DATE

Filing Fee is $50.00
Due by September 14, 2007

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BRUNO, FRANK
STREET ADDRESS	P.O. BOX 191644
CITY-ST-ZIP	MIAMI, FL 33119

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/01/07-80009-012 55.00

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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 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: _____, DAVID M. GOLDSTEIN 5/25/07 305-372-3535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #