FILED
Apr 30, 2008 8:00 am
Secretary of State
04-30-2008 90041 003 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000047460

1. Entity Name
FAB SERVICES, LLC

60034948

04292008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
C/O DAVID M. GOLDSTEIN, P.A. 1441 BRICKELL AVENUE, SUITE 1003 MIAMI, FL 33131 US	C/O DAVID M. GOLDSTEIN, P.A. 1441 BRICKELL AVENUE, SUITE 1003 MIAMI, FL 33131 US
2. Principal Place of Business - No P.O. Box #: 405 N. Ocean Blvd	3. Mailing Address: 7850 NW 146 St.
Suite, Apt. #, etc.: 1005	Suite, Apt. #, etc.: 513
City & State: Pompano Bch, Fl	City & State: MIAMI LAKES, FL
Zip: 33062 Country: Broward	Zip: 33016 Country: DADE

4. FEI Number: 33-1143538 ☐ Applied For ☐ 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

7. Name and Address of New Registered Agent

Name: PAUL RONCA
Street Address (P.O. Box Number is Not Acceptable): 7850 N.W. 146th ST
Suite 513
City: MIAMI LAKES FL Zip Code: 33016

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: X [signature] PAUL RONCA 4/29/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

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

SIGNATURE: [signature] 4/29/08 786-873-5757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #