## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047460

Entity Name: FAB SERVICES, LLC

FILED Apr 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O DAVID M. GOLDSTEIN, P.A. 17125 NORTH BAY ROAD

405 N OCEAN BLVD STE 1005 APT. 3510

POMPANO BEACH, FL 33062 US SUNNY ISLES, FL 33160-345 US

Current Mailing Address: New Mailing Address:

C/O DAVID M. GOLDSTEIN, P.A. 17125 NORTH BAY ROAD

7850 NW 146 ST STE 513 APT. 3510
HIALEAH, FL 33016 US SUNNY ISLES, FL 33160-345 US

FEI Number: 33-1143538 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:

RONCA, PAUL
7850 NW 146TH ST STE 513
HIALEAH EL 33016
LIS

RONCA, PAUL
7850 NW 146TH STREET
SLITE 513

HIALEAH, FL 33016 US SUITE 513
MIAMI LAKES, FL 33016 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: PAUL RONCA 04/01/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 BRUNO, FRANK
 Name:
 BRUNO, FRANK

 Address:
 P.O. BOX 191644
 Address:
 17125 NORTH BAY ROAD (APT 3510)

 City-St-Zip:
 MIAMI, FL 33119 US
 City-St-Zip:
 SUNNY ISLES, FL 33160 US

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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: FRANK BRUNO MGRM 04/01/2009