

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000009048

Entity Name: INFINITE ABUNDANCE LLC

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

**Current Principal Place of Business:**

18124 LONGWATER RUN DRIVE #200  
TAMPA, FL 33647

**New Principal Place of Business:**

18124 LONGWATER RUN DRIVE  
TAMPA, FL 33647

**Current Mailing Address:**

18124 LONGWATER RUN DRIVE #200  
TAMPA, FL 33647

**New Mailing Address:**

18124 LONGWATER RUN DRIVE  
TAMPA, FL 33647

FEI Number: 22-3952282

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

RIVERA, MARTA M DMD  
18124 LONGWATER RUN DRIVE  
TAMPA, FL 33647 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: MARTA M RIVERA, DMD

04/09/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PSTD ( ) Change (X) Addition  
Name: RIVERA, MARTA M DMD  
Address: 18124 LONGWATER RUN DRIVE  
City-St-Zip: TAMPA, FL 33647

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: MARTA M RIVERA, DMD

PSTD

04/09/2008

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