

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012198

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** A.B.S. OFFICE SUPPLY & COPY CENTER L.L.C.

**Current Principal Place of Business:**

4189 LAFAYETTE ST.  
MARIANNA, FL 32446 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 431  
MARIANNA, FL 32447 US

**New Mailing Address:**

**FEI Number:** 20-8397213

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COOEY, SAMUEL T  
2055 HWY. 90  
WESTVILLE, FL 32464 US

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

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: ANDRESS, TERRY L  
Address: 3408 TWIN PONDS RD.  
City-St-Zip: MARIANNA, FL 32448 US

**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: TERRY ANDRESS

MGR

04/24/2009

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