

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000015269

Entity Name: ALBO ENTERPRISES, LLC

FILED
Jul 24, 2008
Secretary of State

Current Principal Place of Business:

1116 QUINTUPLET DR
CASSELBERRY, FL 32707

New Principal Place of Business:

400 SANSU COURT
LONGWOOD, FL 32750

Current Mailing Address:

1116 QUINTUPLET DR
CASSELBERRY, FL 32707

New Mailing Address:

400 SANSU COURT
LONGWOOD, FL 32750

FEI Number: 20-8448927 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LAVOIE, JASON
1116 QUNITUPLET DR
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

LAVOIE, JASON
400 SANSU COURT
LONGWOOD, FL 32750 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: JASON LAVOIE

07/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LAVOIE, JASON
Address: 1116 QUINTUPLET DR
City-St-Zip: CASSELBERRY, FL 32707

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LAVOIE, JASON
Address: 400 SANSU COURT
City-St-Zip: LONGWOOD, FL 32750

Title: MGR () Change (X) Addition
Name: BOLDUC, ALAIN
Address: 400 SANSU COURT
City-St-Zip: LONGWOOD, FL 32750

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: JASON LAVOIE

MGR

07/24/2008

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