

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072387

FILED
Apr 27, 2009
Secretary of State

Entity Name: AB HOLDINGS INTERNATIONAL, LLC

Current Principal Place of Business:

1395 BRICKELL AVE., SUITE 720
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1110 BRICKELL AVENUE SUITE 310
MIAMI, FL 33131

New Mailing Address:

FEI Number: 42-1733563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NS CORPORATE SERVICES INC.
1110 BRICKELL AVENUE SUITE 310
MIAMI, FL 33131 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: MGRM () Delete
Name: FACILITY USA CORP
Address: 1395 BRICKELL AVE., SUITE 866
City-St-Zip: MIAMI, FL 33131

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP () Change (X) Addition
Name: DE MENEZES SOARES, ARTHUR C
Address: 1395 BRICKELL AVE., SUITE 720
City-St-Zip: MIAMI, FL 33131

Title: VPST () Change (X) Addition
Name: SANTIAGO, ANA P
Address: 1395 BRICKELL AVE., SUITE 720
City-St-Zip: MIAMI, FL 33131

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: ARTHUR CESAR DE MENEZES SOARES

MGR

04/27/2009

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