

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000079458

Entity Name: ABI NOE LLC

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9600 NW 38 ST  
213  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

9737 NW 41 STREET PMB 395  
DORAL, FL 33178

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

SEDA, LOURDES  
9737 NW 41 ST PMB 395  
DORAL, FL 33178 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  
Name: SEDA, LOURDES  
Address: 9737 NW 41 STREET PMB 395  
City-St-Zip: DORAL, FL 33178

I hereby 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: LOURDES SEDA

MGRM

01/31/2011

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