

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000102040

Entity Name: FAB 15 ENTERPRISES, LLC

FILED
Jul 01, 2009
Secretary of State

Current Principal Place of Business:

1631 26TH AVE SOUTH
ST. PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

C/O HOLLEY R. JONES
PO BOX 530305
ST PETERSBURG, FL 33747

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

Name and Address of New Registered Agent:

FORSTON, KIOSHA
4575 DESLIN DRIVE
TALLAHASSEE, FL 32305 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JONES, HOLLEY R
Address: PO BOX 530305, C/O HOLLEY R. JONES
City-St-Zip: ST PETERSBURG, FL 33747

Title: MGR () Delete
Name: JONES, GREGORY
Address: C/O HOLLEY R. JONES, PO BOX 530305
City-St-Zip: ST PETERSBURG, FL 33474

Title: MGRM () Delete
Name: WOODY, NICCOLE
Address: C/O HOLLEY R. JONES, PO BOX 530305
City-St-Zip: ST. PETERSBURG, FL 33474

Title: MGRM () Delete
Name: FORSTON, KIOSHA
Address: C/O HOLLEY R. JONES, PO BOX 530305
City-St-Zip: ST. PETERSBURG, FL 33474

Title: MGRM () Delete
Name: GILBERT, BRENDA
Address: C/O HOLLEY R. JONES PO BOX 530305
City-St-Zip: ST. PETERSBURG, FL 33474

Title: MGRM () Delete
Name: JONES, DELBERT
Address: C/O HOLLEY R. JONES, PO BOC 530305
City-St-Zip: ST. PETERSBURG, FL 33474

ADDITIONS/CHANGES:

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

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

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

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

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: HOLLEY R JONES

MGR

07/01/2009

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