2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L08000000022

Entity Name: ABAILES GS, LLC

Current Principal Place of Business:

3255 N RYE RD
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

3255 N RYE RD
PARRISH, FL 34219

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:

ANDROY, JOVANNIE L
3255 N RYE RD
PARRISH, FL 34219 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: ANDROY, JOVANNIE
Address: 3255 N RYE RD
City-St-Zip: PARRISH, FL 34219

Title: MGR ( ) Delete
Name: HAMM, MARITA J
Address: 5508 31ST CT EAST
City-St-Zip: ELLENTON, FL 34222

Title: MGR ( ) Delete
Name: WINEGAR, TARA
Address: 2405 CHARDONNAY TERRACE
City-St-Zip: PARRISH, FL 34219

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:

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: JOVONNIE ANDROY MGR 04/30/2009

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