

2009

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY

Annual Report



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L08000009964

1. Limited Liability Company's Name

ABB DELIVERY, LLC

2. Principal Office Address - No P.O. Box #

4935 S.W. 176th AVE

Suite, Apt. #, etc.

City & State

DUNNELLON, FLORIDA

Zip

34432

Country

USA

3. Mailing Office Address

4935 S.W. 176th AVE

Suite, Apt. #, etc.

City & State

DUNNELLON, FLORIDA

Zip

34432

Country

USA

8. Name and Address of Current Registered Agent

Name

SWANSON, ROBERT K

Street Address (P.O. Box Number is Not Acceptable)

4935 S.W. 176th AVE

Suite, Apt. #, Etc.

City

DUNNELLON

State

FL

Zip Code

34432

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SWANSON, ROBERT K	4935 S.W. 176th AVE	DUNNELLON, FLORIDA 34432

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date 7/16/09

Daytime Phone # 352-246-9626

Typed or printed name of signing Managing Member/Manager

ROBERT K SWANSON

FILED

09 JUL 20 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA900158701669
07/20/09--01058--001 **138.75

CR2E041 (10/08)

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified

To Do Business in Florida 01/28/2008

6. FEI Number

26-1958035

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required
for a Certificate of Status

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.