

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000032086

FILED  
May 01, 2010  
Secretary of State

**Entity Name:** ABT BUSINESS SOLUTIONS, LLC

**Current Principal Place of Business:**

903 UNION STREET, SUITE 102  
JACKSONVILLE, FL 32204 US

**New Principal Place of Business:**

**Current Mailing Address:**

8237 HUNTERS GROVE ROAD  
JACKSONVILLE, FL 32256

**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:**

JIMENEZ, C.L.  
8237 HUNTERS GROVE ROAD  
JACKSONVILLE, FL 32256 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: MGRM  
Name: GILBERT, CAROL B  
Address: 3112 HALEY POINT ROAD  
City-St-Zip: ST AUGUSTINE, FL 32084 US

Title: MGRM  
Name: PARKINSON, BINGHAM  
Address: 11250 ST AUGUSTINE ROAD, SUITE 15-193  
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGRM  
Name: BIERRIA, FAITH  
Address: 4928 TOP ROYAL LANE  
City-St-Zip: JACKSONVILLE, FL 32277

Title: MGRM  
Name: JIMENEZ, CRISTINA  
Address: 8237 HUNTERS GROVE ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

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: C.L. JIMENEZ

MGRM

05/01/2010

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