

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000072554

Entity Name: ABP GROUP, LLC

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

1835 14TH AVENUE S.W.
VERO BEACH, FL 32962

New Principal Place of Business:

Current Mailing Address:

1835 14TH AVENUE S.W.
VERO BEACH, FL 32962

New Mailing Address:

FEI Number: 26-3090745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POOLER, SUSAN M
1835 14TH AVENUE S.W.
VERO BEACH, FL 32962 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 () Delete
Name: POOLER, RAYMOND W
Address: 1835 14TH AVENUE S.W.
City-St-Zip: VERO BEACH, FL 32962

Title: MGRM () Delete
Name: POOLER, MICHAEL R
Address: 1835 14TH AVENUE S.W.
City-St-Zip: VERO BEACH, FL 32962

Title: MGRM () Delete
Name: POOLER, MARC B
Address: 1835 14TH AVENUE S.W.
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: POOLER, MICHAEL R
Address: 1955 19TH AVENUE S.W.
City-St-Zip: VERO BEACH, FL 32962

Title: MGRM (X) Change () Addition
Name: POOLER, MARC B
Address: 348 REST HAVEN RD.
City-St-Zip: GENEVA, FL 32732

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: MARC B. POOLER

MGRM

03/19/2009

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