

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000110639

FILED
Apr 05, 2009
Secretary of State

Entity Name: A BSS ONE LLC

Current Principal Place of Business:

411 PORPOISE POINT DRIVE
ST AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

411 PORPOISE POINT DRIVE
ST AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 26-3760721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWEIM, SUSAN K
411 PORPOISE POINT DRIVE
ST AUGUSTINE, FL 32084 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: SCHWEIM, BARRY M
Address: 411 PORPOISE POINT DRIVE
City-St-Zip: ST AUGUSTINE, FL 32084 US

Title: MGR () Delete
Name: SCHWEIM, SUSAN K
Address: 411 PORPOISE POINT DRIVE
City-St-Zip: ST AUGUSTINE, FL 32084 US

Title: MGR () Delete
Name: BARRY M AND SUSAN K, SCHWEIM REVOCA B LE TRUS
Address: 411 PORPOISE POINT DR
City-St-Zip: ST AUGUSTINE, FL 32084 US

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: SUSAN K. SCHWEIM

MGR

04/05/2009

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