

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000113354

Entity Name: AB UNIVERSAL, LLC

FILED  
Apr 17, 2012  
Secretary of State

**Current Principal Place of Business:**

3409 GREAT POND DRIVE  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

3409 GREAT POND DRIVE  
KISSIMMEE, FL 34746

**New Mailing Address:**

FEI Number: 27-1397671

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GULLOSO, REBECA  
3409 GREAT POND DRIVE  
KISSIMMEE, FL 34746 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  
Name: GULLOSO, YESZENIA C  
Address: 3409 GREAT POND DRIVE  
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM  
Name: SALCEDO LACLE, NORBERTO R  
Address: 3409 GREAT POND DRIVE  
City-St-Zip: KISSIMMEE, FL 34746

Title: PT  
Name: GULLOSO, YESZENIA C  
Address: 3409 GREAT POND DRIVE  
City-St-Zip: KISSIMMEE, FL 34746

Title: S  
Name: GULLOSO, REBECA  
Address: 3409 GREAT POND DRIVE  
City-St-Zip: KISSIMMEE, FL 34746

Title: VP  
Name: GULLOSO, HERNAN E  
Address: 3409 GREAT POND DRIVE  
City-St-Zip: KISSIMMEE, FL 34746

Title: VP  
Name: SALCEDO LACLE, NORBERTO R  
Address: 3409 GREAT POND DRIVE  
City-St-Zip: KISSIMMEE, FL 34746

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: YESZENIA GULLOSO

PRES

04/17/2012

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