## 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000087117

Entity Name: FAB GROUP INVESTMENTS, LLC

FILED Jan 06, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5701 SW 30TH STREET 7400 SW 50TH TERR MIAMI, FL 33155 SUITE 100

MIAMI, FL 33155

Current Mailing Address: New Mailing Address:

5701 SW 30TH STREET 7400 SW 50TH TERR MIAMI, FL 33155 SUITE 100 MIAMI, FL 33155

FEI Number: 27-3286170 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

KOMMERS, GARY
5701 SW 30TH STREET
MIAMI, FL 33155 US
KOMMERS, GARY
7400 SW 50TH TERR
SUITE 100
MIAMI, FL 33155 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: GARY KOMMERS 01/06/2012

Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR

 Name:
 KOMMERS, GARY

 Address:
 7400 SW 50TH TERR #100

 City-St-Zip:
 MIAMI, FL 33155

Title: MGR

 Name:
 KOMMERS, ELAINE

 Address:
 7400 SW 50TH TERR #100

 City-St-Zip:
 MIAMI, FL 33155

Title:

 Name:
 KOMMERS, JAMES

 Address:
 7400 SW 50TH TERR #100

 City-St-Zip:
 MIAMI, FL 33155

Title: D

Name: HONEYCUTT, MELISSA Address: 7400 SW 50TH TERR #100

City-St-Zip: MIAMI, FL 33155

Title:

Name: SCHNEIDER, TAMMY
Address: 7400 SW 50TH TERR #100

City-St-Zip: MIAMI, FL 33155

Title: [

Name: KOMMERS, DAVID
Address: 7400 SW 50TH TERR #100
City-St-Zip: MIAMI, FL 33155

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 Statues.

SIGNATURE: GARY KOMMERS MGR 01/06/2012

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