

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000134166

Entity Name: OAB ENTERPRISES LLC

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2070 CARPETGREEN STREET  
PORT CHARLOTTE, FL 33948 US

**New Principal Place of Business:**

**Current Mailing Address:**

2070 CARPETGREEN STREET  
PORT CHARLOTTE, FL 33948 US

**New Mailing Address:**

FEI Number: 45-4017220

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOLILLA, OMAR A  
2070 CARPETGREEN STREET  
PORT CHARLOTTE, FL 33948 US

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

BOLILLA, OMAR A  
2070 CARPETGREEN STREET  
PORT CHARLOTTE, FL 33948 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: OMAR A BONILLA

04/18/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BONILLA, OMAR A  
Address: 2070 CARPETGREEN STREET  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

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: OMAR A BONILLA

MGRM

04/18/2012

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