2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001148

1. Entity Name
ABDE INVESTMENTS, L.C.

FILED
2003 JUN 10 PM 8:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
102 PARK PLACE BLVD., BLGD. D, SUITE 2 KISSIMMEE, FL 34741	78902 W. IRLO BRONSON HWY KISSIMMEE, FL 34747

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Star Lake View Dr		Star Lake View Dr	
Suite, Apt #, etc. 2614		Suite, Apt. #, etc. 2614	
City & State Kissimmee FL.		City & State Kissimmee FL.	
Zip 34747	Country USA	Zip 34747	Country USA

4. FEI Number 59-3560378 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POHL & SHORT, P.A. 280 WEST CANTON AVENUE, SUITE 410 KISSIMMEE, FL 32789	Name Mikel Abecia Street Address (P.O. Box Number is Not Acceptable) 2614 Star Lake View Dr. City Kissimmee FL Zip Code 34747

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 6-5-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABECIA, MIKEL 2614 STAR LAKE VIEW DRIVE KISSIMMEE, FL 34741	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800020696178 06/10/03--01002--004 **50.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] 6-5-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #