M01000001879

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
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J. BRYAN

MAY 1 9 2009

EXAMINER

COVER LETTER

TO:	Registration Division of	Section Corporations							
SUBJ	ECT:		ABV	of Florid	a LLC				
		Name of l	Foreign I	Limited Li	ability Comp	any			
Dear :	Sir or Madam	:							
		avit by Foreig (s) and fee(s)		-		Change Mana	iger(s) or		
Please	return all con	rrespondence o	concernit	ng this ma	tter to the foll	lowing:			
		Alan Car	ter						
		Name of Po	erson						
		ABV of Floric	la LLC						
							-		
	11	503 Diver Fe	rm Drive				ALL SEC	Ď ≖	TI
Address Alexandria, VA 22308 City/State and Zip Code alancarter49@aol.com E-mail address: (to be used for future annual report notification)							2		
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Alexandria, VA 22308							E O	P	
	l	City/State and	Zip Cod	le .			FFS	<u>ري</u>	
		alancarter4	9@aol.d	com			유로	0	
I	E-mail address	s: (to be used f	or future	annual re	port notificat	ion)	D'm	\sim	
For fu	rther informa	tion concernin	g this ma	atter, pleas	se call:			•	
	Alan C	arter	at (703)		501 5285			
	Name of	f Person			e and Daytim	e Telephone N	lumber		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
	sed is a check Filing Fee	k for the follo \$30 Filing Certificate of	Fee &		0 Filing Fee & Copy	\$60 Filing I Certificate of S Certified Copy	Status &		

CR2E123(8/07)

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

The name of the limited liability compan Department of State is:	y as it appears on the records of the Florida ABV of Florida LLC
2. This entity was formed under the laws of	: Virginia
3. This entity was authorized to transact bus and its Florida document/registration number	er isM01000001879
4. The name and address of each manager of	or managing member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR_	Alan Carter 1503 River Farm Drive Alexandria, VA 22308
MGRM	Ruth Klein 3725 S. Ocean Dr., Unit 1527 Hollywood, FL 33019
	
	HAY 18 CRETARY CAHASSE
	PM 2: 02 PM 2: 02 PM 2: 02
Required Signature: Signature of Manager,	Caitu Managing Member or Member

Filing Fee: \$25