

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # M03000000366

1. Entity Name
ABC CATALOG, LLC



Principal Place of Business

**14445 N.E. 20TH LANE
NORTH MIAMI, FL 33181**

Mailing Address

**14445 N.E. 20TH LANE
NORTH MIAMI, FL 33181**



01122006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2305456

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ATRIUM REGISTERED AGENTS, INIC.
1550 SAN REMO AVE., SUITE 125
CORAL GABLES, FL 33146**

**DO NOT WRITE
IN THIS SPACE**

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	
NAME	CALUSA TRUST	
STREET ADDRESS	14445 N.E. 20TH LANE	
CITY-ST-ZIP	NORTH MIAMI, FL 331811446	
TITLE	MGRM	
NAME	LEIBOWITZ, MARVIN	
STREET ADDRESS	14445 N.E. 20TH LANE	
CITY-ST-ZIP	NORTH MIAMI, FL 331811446	
TITLE	MGRM	
NAME	LEIBOWITZ LIVING TRUST	
STREET ADDRESS	14445 N.E. 20TH LANE	
CITY-ST-ZIP	NORTH MIAMI, FL 331811446	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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02/17/06-80049-024 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #