

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000002969

**Entity Name:** ABBA CONSULTING, LLC

**Current Principal Place of Business:**

2600 RIBAUTL SCENIC DR.  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

2600 RIBAUTL SCENIC DR.  
JACKSONVILLE, FL 32208 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WIENER, WENDY RESQ.  
GARDNER,BIST,WIENER,WADSWORTH & BOWDEN  
1300 THOMASWOOD DR.  
TALLAHASSEE, FL 32308 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name RIPOSTA, MARK  
Address 2600 RIBAUTL SCENIC DR.  
City-State-Zip: JACKSONVILLE FL 32208

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK RIPOSTA

**OWNER**

**01/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date