

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000034284

Entity Name: ABP MARION - TRUSTS, LLC

Current Principal Place of Business:

16 S.E. BROADWAY STREET
OCALA, FL 34471

Current Mailing Address:

P.O. BOX 3988
OCALA, FL 34478 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEEK, ALBERT B
16 S.E. BROADWAY STREET
OCALA, FL 34471 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 AR
Name ABP MARION, LLC
Address P.O. BOX 3988
City-State-Zip: Ocala FL 34478

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: ALBERT PEEK

AR

03/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date