

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000053756

**Entity Name:** AGUSTIN J. ABALO, LLC

**Current Principal Place of Business:**

1559 TREVINO  
CORAL GABLES, FL 33134

**Current Mailing Address:**

304 BRYANT COVE RD  
BLAIRSVILLE, GA 30512 US

**FEI Number:** 27-0362354

**Certificate of Status Desired:** No

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

ABALO, AGUSTIN A  
1559 TREVINO  
CORAL GABLES, FL 33134 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 ABALO, AGUSTIN J  
Address 304 BRYANT COVE RD  
City-State-Zip: BLAIRSVILLE GA 33134

Title MGR  
Name ABALO, ARGELIA PABALO  
Address 304 BRYANT COVE RD  
City-State-Zip: BLAIRSVILLE GA 33134

*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:** AGUSTIN J ABALO

MGRM

01/11/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date