

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000112835

**Entity Name:** ABDON AIR & APPLIANCES, LLC

**Current Principal Place of Business:**

90 NW 9 AVE  
FLORIDA CITY, FL 33034

**Current Mailing Address:**

90 NW 9 AVE  
FLORIDA CITY, FL 33034 US

**FEI Number: 81-2799956**

**Certificate of Status Desired:** No

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

ABDON, NORGE  
90 NW 9 AVE  
FLORIDA CITY, FL 33034 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 AMBR  
Name PEREZ-DE ALEJO, HOMERO  
Address 90 NW 9 AVE  
City-State-Zip: FLORIDA CITY FL 33034

Title AMBR  
Name ABDON, NORGE  
Address 90 NW 9 AVE  
City-State-Zip: FLORIDA CITY FL 33034

*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: NORGE ABDON**

**04/04/2021**

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

\_\_\_\_\_  
Date