

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000260940

**Entity Name:** ABLE SERVICES OF NW FLORIDA "LLC"

**Current Principal Place of Business:**

6901 NORTH LAGOON DRIVE  
9  
PANAMA CITY BEACH, FL 32408

**Current Mailing Address:**

6901 NORTH LAGOON DRIVE  
9  
PANAMA CITY BEACH, FL 32408 US

**FEI Number:** 83-2489108

**Certificate of Status Desired:** No

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

PAUL, CHARLES S  
6901 NORTH LAGOON DR  
9  
PANAMA CITY BEACH, FL 32408 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 MGR  
Name PAUL, CHARLES S  
Address 6901 NORTH LAGOON DRIVE  
UNIT 9  
City-State-Zip: PANAMA CITY BEACH FL 32408

*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:** CHARLES S PAUL

**OWNER**

**04/23/2024**

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

\_\_\_\_\_  
Date