

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000287406

**Entity Name:** A.B. DESIGN GROUP, LLC

**Current Principal Place of Business:**

1441 N RONALD REAGAN BLVD  
LONGWOOD, FL 32750

**Current Mailing Address:**

1441 N RONALD REAGAN BLVD  
LONGWOOD, FL 32750 US

**FEI Number:** 59-3411002

**Certificate of Status Desired:** No

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

CANTWELL, JAMES J JR  
1441 N RONALD REAGAN BLVD  
LONGWOOD, FL 32750 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 CANTWELL, JAMES J JR  
Address 1441 N RONALD REAGAN BLVD  
City-State-Zip: LONGWOOD FL 32750

Title AMBR  
Name PERDUE, ROSS  
Address 1441 N RONALD REAGAN BLVD  
City-State-Zip: LONGWOOD FL 32750

Title AMBR  
Name TELESZ, JAMES  
Address 1441 N RONALD REAGAN BLVD  
City-State-Zip: LONGWOOD FL 32750

Title MGR  
Name ABOUCHACRA, ROLAND  
Address 1441 N RONALD REAGAN BLVD  
City-State-Zip: LONGWOOD FL 32750

Title MGR  
Name ANDERSON, MICHAEL C  
Address 1441 N RONALD REAGAN BLVD  
City-State-Zip: LONGWOOD FL 32750

*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:** JAMES TELESZ

AMBR

01/24/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date