


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90495 003 ****50.00

DOCUMENT # L01000016092

1. Entity Name
ADAAG CONSULTING PLAN REVIEW AND INSPECTION SERVICES, LLC



Principal Place of Business Mailing Address

**2885 SW THIRD AVE.
 SUITE 300
 MIAMI, FL 33129** **2885 SW THIRD AVE.
 SUITE 300
 MIAMI, FL 33129**

24034398



2. Principal Place of Business 3. Mailing Address

1385 CORALWAY **1385 CORALWAY**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite # 401 **Suite # 401**

03312004 Chg-LLC CR2E083 (10/03)

City & State City & State

MIAMI, FL **MIAMI, FL**

Zip Country Zip Country

33145 **DADA** **33145** **DADE**

4. FEI Number Applied For

65-1140015 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

LONDONO, RICARDO **LONDONO, RICARDO**

2885 SW THIRD AVE. **2885 SW THIRD AVE.**

SUITE 300 **SUITE 300**

MIAMI, FL 33129 **MIAMI, FL 33129**

Name **LONDONO, RICARDO**

Street Address (P.O. Box Number is Not Acceptable) **1385 CORALWAY**

Suite 401

City **MIAMI FL FL** Zip Code **33145**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee Is \$50.00 Due by May 1, 2004 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONDONO, RICARDO	NAME	
STREET ADDRESS	2694 SW 34 CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

305-285-7373

SIGNATURE: *[Signature]* 03-31-04 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE