## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L01000016092

1. Entity Name

ADAÁG CONSULTING PLAN REVIEW AND INSPECTION SERVICES, LLC



FILED Apr 27, 2005 08:00 AM Secretary of State

Principal Place of Business 1385 CORALWAY STE 401 MIAMI, FL 33145 Mailing Address

1385 CORALWAY STE 401 MIAMI, FL 33145



02092005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number	Applied For
65-1140015	 Not Applicabl
5. Certificate of Status Desired	\$5.00 Additional

## DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

LONDONO, RICARDO 1385 CORALWAY STE 401 MIAMI, FL 33145

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chan ions of registered agent.	ging its registered office or registered agent, or b	oth, in the State of FlorIda. I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when roinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LONDONO, RICARDO 2694 SW 34 CT MIAMI, FL 33133		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000337353 04/27/05-80163-021 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS GITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby a indicated limited lia	certify that the information supplied with this filling does not queen this report is true and accurate and that my signature shat billity company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver of the company of the receiver of the company or the receiver of the receiver of the receiver of the company or the receiver of t	ualify for the exemption stated in Section 119.07(3 all have the same legal effect as if made under oat ute this report as required by Chapter 608, Florida	)(i), Florida Statutes. I further certify that the Information th, that I am a managing member or manager of the Statutes.