

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000080952

FILED
Jun 19, 2008
Secretary of State

Entity Name: AGEMO DISTRIBUTION, L.L.C.

Current Principal Place of Business:

1825 PONCE DE LEON BLVD
#414
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

1825 PONCE DE LEON BLVD
#414
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 26-0672337 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RODRIGUEZ, MILDRED
142 SW 18 AVENUE
#21
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

FERNANDEZ, OMEGA
1075 NE MIAMI GARDENS DR
507-W
NORTH MIAMI BEACH, FL 33179 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: OMEGA FERNANDEZ

06/19/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: FERNANDEZ, OMEGA
Address: 1075 NE MIAMI GARDENS DR, #507-W
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: MGR () Change (X) Addition
Name: RODRIGUEZ, MILDRED
Address: 1825 PONCE DE LEON BLVD, #414
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: OMEGA FERNANDEZ

MGR

06/19/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date