

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000117514

FILED  
Apr 01, 2010  
Secretary of State

Entity Name: AFT 09, LLC

**Current Principal Place of Business:**

8005 NW 90 STREET  
MEDLEY, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

8005 NW 90 STREET  
MEDLEY, FL 33166

**New Mailing Address:**

FEI Number: 27-1483396

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NG, ABE  
8005 NW 90 STREET  
MEDLEY, FL 33166 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NG, ABE  
Address: 8005 NW 90 STREET  
City-St-Zip: MEDLEY, FL 33166

Title: MGRM  
Name: NG, BETTY  
Address: 8005 NW 90 STREET  
City-St-Zip: MEDLEY, FL 33166

Title: MGRM  
Name: NG, ALLAN  
Address: 8005 NW 90 STREET  
City-St-Zip: MEDLEY, FL 33166

Title: MGRM  
Name: NG, IVA  
Address: 8005 NW 90 STREET  
City-St-Zip: MEDLEY, FL 33166

I hereby 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: IVA NG

MGR

04/01/2010

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