

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90342 002 \*\*\*\*50.00

DOCUMENT # M06000003355

1. Entity Name

AMERICAN ENERGY SYSTEM LLC



Principal Place of Business

90 SOUTH END RD.  
NEW HAVEN CT 06512

Mailing Address

90 SOUTH END RD.  
NEW HAVEN CT 06512

2. Principal Place of Business - No P.O. Box #

7854 SW Ellipse Way  
Suite, Apt. #, etc.

3. Mailing Address

7854 SW Ellipse Way  
Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/06)

City & State

Stuart FL

City & State

Stuart FL

4. FEI Number

20-5171321

Applied For

Not Applicable

Zip

34997

Zip

34997

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

an Address of Current Registered Agent

NIRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., SUITE 4  
WESTON FL 33331

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME CANGIANO, ELIZABETH  
STREET ADDRESS 14 LIGHTHOUSE PT. TERR.  
CITY ST ZIP NEW HAVEN CT 06512

TITLE MGR ☐ Delete  
NAME CANGIANO, JOHN  
STREET ADDRESS 14 1/2 LIGHTHOUSE PT. TERR.  
CITY ST ZIP NEW HAVEN CT 06512

TITLE MGR ☐ Delete  
NAME ZLOTNICK, LAURA  
STREET ADDRESS 62 SOUTH ST.  
CITY ST ZIP EAST HAVEN CT 06512

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE:

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

3/27/07 772 463-4003

Date

Daytime Phone #