

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048200

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** A-1 ANHERMA, LLC

**Current Principal Place of Business:**

1820 N. CORPORATE LAKES BLVD  
SUITE 103  
WESTON, FL 33326 US

**New Principal Place of Business:**

1820 N. CORPORATE LAKES BLVD  
SUITE 105  
WESTON, FL 33326 US

**Current Mailing Address:**

1820 N. CORPORATE LAKES BLVD  
SUITE 103  
WESTON, FL 33326 US

**New Mailing Address:**

1820 N. CORPORATE LAKES BLVD  
SUITE 105  
WESTON, FL 33326 US

**FEI Number:** 20-2846440

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BECERRA, HERNANDO J GMGR  
1820 N. CORPORATE LAKES BLVD  
SUITE 103  
WESTON, FL 33326 US

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

BECERRA, HERNANDO J GMGR  
1820 N. CORPORATE LAKES BLVD  
SUITE 105  
WESTON, FL 33326 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:

02/16/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BECERRA, HERNANDO J MGRM  
Address: 1820 N. CORPORATE LAKES BLVD SUITE 105  
City-St-Zip: WESTON, FL 33326 US

Title: MGRM  
Name: BECERRA, ALICIA MGRM  
Address: 15970 WEST STATE RD 84, UNIT 114  
City-St-Zip: SUNRISE, FL 33326

Title: MGR  
Name: ANHERMA CORP.  
Address: 15970 WEST STATE RD 84, UNIT 114  
City-St-Zip: SUNRISE, FL 33326

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: HERNANDO J. BECERRA

MGRM

02/16/2010

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