

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000068892

FILED  
Mar 06, 2010  
Secretary of State

Entity Name: AGESTOVIDE, LLC

**Current Principal Place of Business:**

901 PONCE DE LEON BLVD STE 603  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

901 PONCE DE LEON BLVD STE 603  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

ALBORNOZ, WILLIAM H  
901 PONCE DE LEON BLVD STE 603  
CORAL GABLES, FL 33134    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: MGR  
Name: DEMETRIO, VICTOR A  
Address: 901 PONCE DE LEON BLVD STE 603  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR  
Name: DEMETRIO, AGUSTIN N  
Address: 901 PONCE DE LEON BLVD STE 603  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR  
Name: DEMETRIO, ESTEFANIA  
Address: 901 PONCE DE LEON BLVD STE 603  
City-St-Zip: CORAL GABLES, FL 33134

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: AGUSTIN DEMETRIO                      MGR                      03/06/2010

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