## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000086760

Entity Name: AFT03, LLC

**Current Principal Place of Business:** 

8005 N.W. 90 STREET MEDLEY, FL 33166

## **Current Mailing Address:**

8005 N.W. 90 STREET MEDLEY, FL 33166

FEI Number: 26-0838074 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ABE NG 8005 N.W. 90 STREET MEDLEY, FL 33166 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:

Electronic Signature of Registered Agent

Date

Date

**FILED** Mar 28, 2018

**Secretary of State** 

CC2042443074

## Authorized Person(s) Detail:

Title MGRM Title **MGRM** Name NG, ABE Name NG, ALLAN

Address 8005 N.W. 90 STREET Address 8005 N.W. 90 STREET City-State-Zip: MEDLEY FL 33166 MEDLEY FL 33166 City-State-Zip:

Title **MGRM** Title **MGRM** NG, BETTY Name NG, IVA Name

Address 8005 N.W. 90 STREET Address 8005 N.W. 90 STREET City-State-Zip: MEDLEY FL 33166 City-State-Zip: MEDLEY FL 33166

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

03/28/2018 SIGNATURE: IVA NG **MGRM**