

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000092354

FILED
Mar 22, 2017
Secretary of State
CC9990521833

Entity Name: AAI, LLC

Current Principal Place of Business:

4515 SUMMER WALK CT
JACKSONVILLE, FL 32258

Current Mailing Address:

4515 SUMMER WALK CT
JACKSONVILLE, FL 32258 US

FEI Number: 26-4361934

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SUPARTO, PHILIPUS
4515 SUMMER WALK CT
JACKSONVILLE, FL 32258 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

Authorized Person(s) Detail :

Title PRESIDENT
Name SUPARTO, PHILIPUS
Address 4515 SUMMER WALK CT
City-State-Zip: JACKSONVILLE FL 32258

Title OTHER
Name SUPARTO, REGINA BEANCA
Address 4515 SUMMER WALK CT
City-State-Zip: JACKSONVILLE FL 32258

Title OTHER
Name SUPARTO, VLADIMIR SOLOMON
Address 4515 SUMMER WALK CT
City-State-Zip: JACKSONVILLE FL 32258

Title OTHER
Name SUPARTO, GRIFFIN ELLIOT
Address 4515 SUMMER WALK CT
City-State-Zip: JACKSONVILLE FL 32258

Title OTHER
Name SUPARTO, PEARL ISABELLA
Address 4515 SUMMER WALK CT
City-State-Zip: JACKSONVILLE FL 32258

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.

SIGNATURE: PHILIPUS SUPARTO

PRESIDENT

03/22/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date