

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000092354

**Entity Name:** AAI, LLC

**Current Principal Place of Business:**

3545-1 ST JOHNS BLUFF RD. SOUTH  
SUITE# 306  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

3545-1 ST JOHNS BLUFF RD. SOUTH  
SUITE# 306  
JACKSONVILLE, FL 32224 US

**FEI Number:** 26-4361934

**Certificate of Status Desired:** No

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

SUPARTO, PHILIPUS  
3545-1 ST JOHN BLUFF RD SOUTH  
SUITE# 306  
JACKSONVILLE, FL 32224 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 MD  
Name SUPARTO, PHILIPUS  
Address 3545-1 ST JOHNS BLUFF RD.  
SOUTH#306  
City-State-Zip: JACKSONVILLE FL 32224

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PHILIPUS SUPARTO

**MANAGING DIRECTOR**

**03/21/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date