

**2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000092354

**Entity Name:** AAI, LLC

**Current Principal Place of Business:**

201 E. ADAMS ST.  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

201 E. ADAMS STREET  
JACKSONVILLE, FL 32204 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            RAMOS, PHILIPUS  
Address        4515 SUMMER WALK CT  
City-State-Zip: JACKSONVILLE FL 32258

Title            VP  
Name            RAMOS, NICHOLAS  
Address        589 AMSTERDAM AVE  
City-State-Zip: NEWYORK NY 10024

*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:** NICHOLAS RAMOS

VP

12/16/2018

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

\_\_\_\_\_  
Date