2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000014473

Entity Name: AFT05, 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: 26-4213508

Name and Address of Current Registered Agent:

NG, ABE 8005 NW 90 STREET MEDLEY, FL 33166 US Certificate of Status Desired: Yes

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.

ABE NG			03/24/2017
Electronic Signature of Registered Agent			Date
erson(s) Detail :			
MGRM	Title	MGRM	
NG, ABE	Name	NG, ALLAN	
8005 N.W. 90 STREET	Address	8005 N.W. 90 STREET	
MEDLEY FL 33166	City-State-Zip:	MEDLEY FL 33166	
NORM		MCDM	
MGRM	The	MGRM	
NG, BETTY	Name	NG, IVA	
8005 N.W. 90 STREET	Address	8005 N.W. 90 STREET	
MEDLEY FL 33166	City-State-Zip:	MEDLEY FL 33166	
9 1 1 1 1 1 1 1 1	Electronic Signature of Registered Agent erson(s) Detail : MGRM NG, ABE 8005 N.W. 90 STREET MEDLEY FL 33166 MGRM NG, BETTY 8005 N.W. 90 STREET	Electronic Signature of Registered Agent erson(s) Detail : MGRM Title NG, ABE Name B005 N.W. 90 STREET Address MEDLEY FL 33166 City-State-Zip: MGRM Title NG, BETTY Name B005 N.W. 90 STREET Address	Electronic Signature of Registered Agent erson(s) Detail : MGRM Title MGRM NG, ABE Name NG, ALLAN 3005 N.W. 90 STREET Address 8005 N.W. 90 STREET MEDLEY FL 33166 City-State-Zip: MEDLEY FL 33166 MGRM Title MGRM NG, BETTY Name NG, IVA 3005 N.W. 90 STREET Address 8005 N.W. 90 STREET

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: IVA NG	MGRM	03/2

Electronic Signature of Signing Authorized Person(s) Detail

03/24/2017 Date

FILED Mar 24, 2017 Secretary of State CC0180464442