#### 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000027350

Entity Name: AINY L.L.C.

## Current Principal Place of Business:

7351 NORTHWEST 111TH PLACE DORAL, FL 33178

## **Current Mailing Address:**

7950 NW 53 STREET 118 MIAMI, FL 33166 US

## FEI Number: 26-4537222

# Name and Address of Current Registered Agent:

OSCAR GASTAUDO 7351 NW 111TH PL DORAL, FL 33178 US Certificate of Status Desired: No

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

# Authorized Person(s) Detail :

| / atmonizou     | reison(s) Detail.          |                 |  |
|-----------------|----------------------------|-----------------|--|
| Title           | MGRM                       | Title           | MGRM   |
| Name            | GASTAUDO, OSCAR F          | Name            | JAMBRINA, CAROL S                                    |
| Address         | 7351 NORTHWEST 111TH PLACE | Address         | 7351 NORTHWEST 111TH PLACE                           |
| City-State-Zip: | DORAL FL 33178             | City-State-Zip: | DORAL FL 33178                                       |
|                 |                            |                 |  |
|                 |                            |                 |  |
| Title           | S                          | Title           | т  |
| Title<br>Name   | S<br>JAMBRINA, CAROL S     | Title<br>Name   | T<br>GASTAUDO, OSCAR F                               |
|                 | -                          |                 | T<br>GASTAUDO, OSCAR F<br>7351 NORTHWEST 111TH PLACE |
| Name            | JAMBRINA, CAROL S          | Name            |  |

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: OSCAR GASTAUDO

MGR

Date

Electronic Signature of Signing Authorized Person(s) Detail