

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000092591

**FILED**  
**Jan 20, 2015**  
**Secretary of State**  
**CC5875043364**

**Entity Name:** AQ ENTERPRISES, LLC

**Current Principal Place of Business:**

1141 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33323

**Current Mailing Address:**

1141 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33323 US

**FEI Number:** 27-0999142

**Certificate of Status Desired:** No

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

COHEN, AVRAHAM  
1141 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33323 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 MGR  
Name COHEN, AVRAHAM  
Address 1141 SAWGRASS CORPORATE PKWY  
City-State-Zip: SUNRISE FL 33323

Title MGRM  
Name COHEN, AVRAHAM  
Address 1141 SAWGRASS CORPORATE PKWY  
City-State-Zip: SUNRISE FL 33323

Title MGR  
Name COHEN, SHOSHANA  
Address 1141 SAWGRASS CORPORATE PKWY  
City-State-Zip: SUNRISE FL 33323

*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:** SHOSHANA COHEN

**MANAGER**

**01/20/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date