

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008481

Entity Name: AAA ROUTE 660 AGENCY, LLC

FILED  
Jun 25, 2005  
Secretary of State

## Current Principal Place of Business:

660 N. STATE RD 7  
STE 5A  
PLANTATION, FL 33317

## New Principal Place of Business:

2460 NORTH STATE ROAD 7  
SUITE A  
LAUDERDALE LAKES, FL 33313

## Current Mailing Address:

660 N. STATE RD 7  
STE 5A  
PLANTATION, FL 33317

## New Mailing Address:

900 NE 195TH STREET  
SUITE 213  
MIAMI, FL 33179

FEI Number: 65-1040764      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

HAGEN, KEVIN  
3531 GRIFFIN ROAD  
FORT LAUDERDALE, FL 33312      US

## Name and Address of New Registered Agent:

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

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SANKERSINGH, ANN M  
Address: 660 N. STATE RD 7 #5A  
City-St-Zip: PLANTATION, FL 33317

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SANKERSINGH, ANN M  
Address: 900 NE 195TH STREET #213  
City-St-Zip: MIAMI, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: ANN MARIE SANKERSINGH

MGRM

06/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date