LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State
04-30-2002 90007 001 ****55.00

DOCUMENT # L00000011607

1. Entity Name
AA SERVICES INTERNATIONAL L.L.C

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4825 NW 72 AVE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL.	City & State
Zip: 33166 Country: DADE	Zip Country

4. FEI Number: 65-1043700 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: JAIME E. LOPEZ

Street Address (P.O. Box Number is Not Acceptable): 4825 NW 72 AVE

City: MIAMI FL Zip Code: 33166

8. 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: [signature] 4/11/02
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE $150.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LOPEZ SANCHES JAIME E. 14299 NW 19TH ST. PEMBROKE PINES FL. 33028
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BOHORQUEZ LOPEZ EMILCE 14299 NW 19TH ST. PEMBROKE PINES FL. 33028
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] 4/11/02 954-435-8593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #