

FILED
Apr 27, 2007 08:00 AM
Secretary of State

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000013162		
1. Entity Name AOTRE LLC		
Principal Place of Business 4848 NORTH UNIVERSITY DRIVE, #406 LAUDERHILL, FL 33351-4510		Mailing Address 4848 NORTH UNIVERSITY DRIVE, #406 LAUDERHILL, FL 33351-4510
DO NOT WRITE IN THIS SPACE		
5. Certificate of Status Desired ☐		CR2F063 (11/05)
4. FEI Number 65-1041230		Agreed For Not Applicable
6. Name and Address of Current Registered Agent UCC FILING & SEARCH SERVICES, INC. 1574 VILLAGE SQUARE BLVD STE. 100 TALLAHASSEE, FL 32309		DO NOT WRITE IN THIS SPACE
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. I am familiar with, and hereby affirm the obligations of registered agent.		
SIGNATURE _____ DATE _____ Signature typed or printed name of registered agent and job if applicable. (NOTE: Registered Agent signature required when submitting.)		
Filing Fee is \$80.00 Due by May 1, 2007		
U000000738613 05/11/07-80074-016 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MCRM ROOZ, EFRAM 4848 NORTH UNIVERSITY DRIVE, #406 LAUDERHILL, FL 333514510	
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DO NOT WRITE IN THIS SPACE		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. 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: <u>Efram Rooz</u>		Date: <u>4/22/07</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE		Date