

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002976

Entity Name: A H & A SERVICES, L.L.C.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

150 ALHAMBRA CIRCLE
SUITE 1150
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

150 ALHAMBRA CIRCLE
SUITE 1150
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-1153926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATTON, DAVID L
150 ALHAMBRA CIRCLE
SUITE 1150
CORAL GABLES, FL 33134 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: MGR () Delete
Name: HATTON, DAVID
Address: 150 ALHAMBRA CIRCLE, SUITE 1150
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: AGUILAR, LUIS
Address: 407 AV. FRANCISCO DE HIRANDA
City-St-Zip: LOS RUICES, CARACAS, 1071

Title: MGR () Delete
Name: AGUILAR, CARLOS
Address: 452 RIDGEWOOD ROAD
City-St-Zip: KEY BISCAWAYNE, FL 33149

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID L HATTON

MGR

04/30/2008

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