LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90269 029 ****50.00

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1. Entity Name
AG&C LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8300 W. Flagler St.	8300 W. Flagler St.
Suite, Apt. #, etc. Suite # 119	Suite, Apt. #, etc. Suite # 119
City & State Miami, FL	City & State Miami, FL
Zip 33144 Country	Zip 33144 Country

4. FEI Number 65-1094147 ☐ Applied For ☐ Not Applicable

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

7. **Name and Address of Current Registered Agent**

Name Claudia Sierra

Street Address (P.O. Box Number is Not Acceptable) 8300 W. Flagler St. Suite # 119

City Miami, FL Zip Code 33144

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 accept the obligations of registered agent.

SIGNATURE Claudia Sierra 4/29/2003
Signature, typed or printed name of registered agent and title if applicable. DATE

9. MANAGING MEMBERS / MANAGERS

TITLE	Manager	TITLE	
NAME	Forero, German	NAME	
STREET ADDRESS	Calle '33 No. 16-51	STREET ADDRESS	
CITY-ST-ZIP	Bogota, Colombia	CITY-ST-ZIP	
TITLE	Manager	TITLE	
NAME	Sierra, Claudia	NAME	
STREET ADDRESS	8300 W. Flagler St. # 119	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33144	CITY-ST-ZIP	
TITLE	Manager	TITLE	
NAME	Forero, Carlos	NAME	
STREET ADDRESS	Calle '33 No. 16-51	STREET ADDRESS	
CITY-ST-ZIP	Bogota, Colombia	CITY-ST-ZIP	
TITLE	Manager	TITLE	
NAME	Forero, Alejandro	NAME	
STREET ADDRESS	Calle '33 No. 16-51	STREET ADDRESS	
CITY-ST-ZIP	Bogota, Colombia	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (12/02)

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.

Claudia Sierra 4/29/03 305-552-6069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #