

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90005 046 ****50.00

DOCUMENT # L02000011562

1. Entity Name
A&A OPEN SERVICES, L.L.C.



Principal Place of Business
**2101 ATLANTIC SHORES BLVD. #112
HALLANDALE FL 33009**

Mailing Address
**2101 ATLANTIC SHORES BLVD. #112
HALLANDALE FL 33009**

2. Principal Place of Business
8840 NW 102 ST

3. Mailing Address

Suite, Apt. #, etc.

City & State
Medley FL

Zip
33178

Country
USA

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
043682870

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRESPO, ALBERTO J
2101 ATLANTIC SHORES BLVD. #112
HALLANDALE FL 33009**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 DATE **01/07/2003**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**General Manager
Alberto Emilio Crespo
2101 Atlantic Shores Blvd #112
Hallandale, FL 33009**

TITLE
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01/07/2003

Date

Daytime Phone #

CR2E083 (10/02)