

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90128 018 ****50.00

20046661



01092006 Chg-LLC CR2E083 (11/05)

4. FEI Number **22-3870818** Applied For ☐ Not Applicable

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

DOCUMENT # L02000023318

1. Entity Name
A & M TRADING, LLC



Principal Place of Business
7850 NW 146TH STREET #417
MIAMI LAKES, FL 33016

Mailing Address
7850 NW 146TH STREET #417
MIAMI LAKES, FL 33016

2. Principal Place of Business
5900 NW 99th Ave
Suite, Apt. #, etc.
Bay 10

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Doral, FL

City & State

Zip
33178

Country
USA

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

J GARCIA & ASSOCIATES, PA
4801 S UNIVERSITY DR
SUITE 302
DAVIE, FL 33328

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR
NAME: RAMIREZ, ANA
STREET ADDRESS: 7850 NW 146TH STREET #417
CITY - ST - ZIP: MIAMI LAKES, FL 33016

TITLE: ☒ Change ☐ Addition
NAME: ☒ Change ☐ Addition
STREET ADDRESS: 5900 NW 99th Ave, Bay 10
CITY - ST - ZIP: Doral, FL 33178

TITLE: MGR
NAME: HERRERA, MARIEL
STREET ADDRESS: 7850 NW 146TH STREET #417
CITY - ST - ZIP: MIAMI LAKES, FL 33016

TITLE: ☒ Change ☐ Addition
NAME: ☒ Change ☐ Addition
STREET ADDRESS: 5900 NW 99th Ave, Bay 10
CITY - ST - ZIP: Doral, FL 33178

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY - ST - ZIP: ☐ Delete

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CITY - ST - ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY - ST - ZIP: ☐ Change ☐ Addition

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

Date

Daytime Phone #

3/9/06