

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90275 044 \*\*\*\*50.00

**DOCUMENT # L02000023328**

1. Entity Name  
**A & E SERVICES, LLC**



Principal Place of Business  
**2100 CORAL WAY, STE. 310  
MIAMI, FL 33145**

Mailing Address  
**2100 CORAL WAY, STE. 310  
MIAMI, FL 33145**

2. Principal Place of Business  
**2100 CORAL WAY**  
Suite, Apt. #, etc.  
**502**

3. Mailing Address  
**2100 CORAL WAY**  
Suite, Apt. #, etc.  
**502**



03042004 Chg-LLC CR2E083 (10/03)

City & State  
**MIAMI, FL**  
Zip  
**33145**

City & State  
**MIAMI, FL**  
Zip  
**33145**

4. FEI Number  
**54-2072520**

Applied For  
Not Applicable

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

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

**MUELLE, ERIK A  
2100 CORAL WAY, STE. 310 502  
MIAMI, FL 33145**

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

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 *Erik A. Muelle* **ERIK A. MUELLE** 3/4/04  
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, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGR** ☐ Delete  
NAME **MUELLE, ALEJANDRO**  
STREET ADDRESS **2100 CORAL WAY, STE. 310 502**  
CITY - ST - ZIP **MIAMI, FL 33145**

TITLE **MGR** ☐ Delete  
NAME **MUELLE, ERIK A**  
STREET ADDRESS **2100 CORAL WAY, STE. 310 502**  
CITY - ST - ZIP **MIAMI, FL 33145**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**10. ADDITIONS/CHANGES**

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

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

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

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

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

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

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: *Alejandro Muelle* **ALEJANDRO MUELLE** 3/4/04 (305) 859-8366  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #