## **2004 LIMITED LIABILITY COMPANY**

CITY-ST-7IP

SIGNATURE:

## FILED **ANNUAL REPORT (AR)** Mar 31, 2004 8:00 am **Secretary of State** DOCUMENT # L02000023423 1. Entity Name 03-31-2004 90348 047 \*\*\*\*50.00 AHING AND WONG LLC Principal Place of Business Mailing Address 13362 S.W. 128 STREET MIAMI FL 33186 13362 S.W. 128 STREET **MIAMI FL 33186** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/03) City & State Applied For City & State 4. FEI Number 05-0544255 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WONG, LEVY 13362 S.W. 128 STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33186** Zip Code City 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE **MGRM** ☐ Delete TITLE ☐ Change Addition WONG, LEVY NAME NAME STREET ADDRESS 13362 S.W. 128 STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-ZIP MGRM Delete ☐ Change ☐ Addition MAVIS, WONG NAME 13362 S.W. 128 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition MGRM NAME AHING, IRVINE NAME STREET ADDRESS STREET ADDRESS 14370 S.W. 68 STREET CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33183 MGRM ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME BETTY CHENG AHING NAME 14370 S.W. 68 STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33183 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 appropriate to execute this report as required by Chapter 608, Florida Statutes.

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