

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # L02000023423

1. Entity Name
AHING AND WONG LLC



Principal Place of Business
**13362 S.W. 128 STREET
MIAMI, FL 33186**

Mailing Address
**13362 S.W. 128 STREET
MIAMI, FL 33186**



04112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0544255

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WONG, LEVY
13362 S.W. 128 STREET
MIAMI, FL 33186**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000903878
04/30/08-80062-025 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
WONG, LEVY
13362 S.W. 128 STREET
MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
MAVIS, WONG
13362 S.W. 128 STREET
MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
AHING, IRVINE
14370 S.W. 68 STREET
MIAMI, FL 33183**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
BETTY CHENG AHING
14370 S.W. 68 STREET
MIAMI, FL 33183**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

LEVY A. WONG

4/11/08

305-255-3333