## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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## DOCUMENT # L02000026317

1. Entity Name

AZTÉC MANAGEMENT GROUP LLC.



**FILED** May 02, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

9770 S. MILITARY TRAIL, #252 BOYTON BEACH, FL 33436

9770 S. MILITARY TRAIL, #252 BOYTON BEACH, FL 33436



04282008 No Chg-LLC

CR2E083 (12/07)

Applied For 4. FEI Number 52-2383220 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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|         | we 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 gations of registered agent. |  |      |  |
|---------|---|--|------|--|
| SIGNATU |   |  |      |  |
|         | Signature, typed or printed name of registered agent and title if applicable.   | (NOTE: Registered Agent signature required when reinstating) | DATE |  |
| After   | FILE NOW!!! FEE IS \$138.75<br>May 1, 2008 Fee will be \$538.75   |  |      |  |
| 9.      | MANAGING MEMBERS/MANAGERS   |  |      |  |
| TITLE   | I MGR   |  |      |  |

DECARLO, SILVIO NAME STREET ADDRESS 9970 S. MILITARY TRAIL 252 CITY-ST-ZIP BOYNTON BEACH, FL 33436 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

U00000943631 05/29/08-80067-009 138.75

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| 11. | I hereby o | 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 not 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 ha | bility company or the receiver octrastee empowered to execute this report as required by Chapter 608, Florida Statutes.   |

SIGNATURE

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

OR BRINTED HAME OF BENING MANAGING MEMBER, OR AUTHORIZED REPRESE