

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90055 005 \*\*\*\*50.00

**DOCUMENT # L02000032870**

1. Entity Name

A & A UNDERGROUND TECHNOLOGIES, L.L.C.



Principal Place of Business

2500 PARKVIEW DR. STE. 1107  
HALLANDALE FL 33009

Mailing Address

2500 PARKVIEW DR. STE. 1107  
HALLANDALE FL 33009

2. Principal Place of Business

7878 NW 103<sup>th</sup> STREET

3. Mailing Address

2500 PARKVIEW DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 1107

City & State

MIAMI FLORIDA

City & State

HALLANDALE FLORIDA

Zip

33016

Country

USA

Zip

33009

Country

USA

4. FEI Number

04-3734583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GIACOMELLI, HERMAN  
2500 PARKVIEW DR., STE. 1107  
HALLANDALE FL 33009

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME COSUGAS, L.L.C.  
STREET ADDRESS 1560 SAWGRASS CORPORATE PKWY 4TH FLOOR  
CITY-ST-ZIP SUNRISE FL 33323

TITLE MGRM ☒ Delete  
NAME U.S. CONSULTING, L.L.C.  
STREET ADDRESS 3406 NW 151 TERRACE  
CITY-ST-ZIP OPA LOCKA FL 33054-2450

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 7878 NW 103<sup>th</sup> STREET  
CITY-ST-ZIP MIAMI FLORIDA 33016

TITLE ☐ Change ☒ Addition  
NAME HERMAN GIACOMELLI  
STREET ADDRESS 2500 PARKVIEW DR  
CITY-ST-ZIP HALLANDALE, FLORIDA 33009

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:**

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

Date

Daytime Phone #

04/19/04

954 249 6820