

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90033 021 ***138.75

DOCUMENT # L03000010180

1. Entity Name
AEM ANDERUNG, LLC



Principal Place of Business
801 BRICKELL AVE
880
MIAMI, FL 33131

Mailing Address
P.O BOX 452124
MIAMI, FL 33245

60029556



2. Principal Place of Business - No P.O. Box #
1581 Brickell Ave

3. Mailing Address

Suite, Apt. #, etc.
907

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip
33129

Country
U.S

Zip

Country

03212008 Chg-LLC CR2E083 (12/06)

4. FEI Number
57-1167513

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
RODRIGUEZ, JORGE
801 BRICKELL AVE #880
MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1581 Brickell Ave, Suite 907
 City
Miami **FL** Zip Code
33129

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NARDI, EZIO P.O. BOX 452124 MIAMI, FL 33245 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____