

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

APPROVAL
AND
FILED

05 SEP 13 PH 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000013752

1. Entity Name
THE AGGREGATES SOLUTION, LLC



Principal Place of Business
1820 N. CORPORATE LAKES BLVD.
STE 202
WESTON, FL 33326

Mailing Address
1820 N. CORPORATE LAKES BLVD.
STE 202
WESTON, FL 33326



09072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
45-0512337

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LATIN NETWORK CONSULTANTS, INC.
1820 N. CORPORATE BLVD.
UNIT 104
WESTON, FL 33326

**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

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VILLARROEL, FRANKLIN G 1820 N. CORPORATE LAKES BLVD. STE 202 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARBALLIDO, ANGEL 1820 N. CORPORATE LAKES BLVD. STE 202 WESTON, FL 33326
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09/20/05--01059--008 **350.00

**DO NOT WRITE
IN THIS SPACE**

K. Eckel SEP 14 2005

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #