

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016251

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: GAG SERVICES, LLC

**Current Principal Place of Business:**

536 BILTMORE WAY  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

1801 SW 67TH AVE  
MIAMI, FL 33155 US

**Current Mailing Address:**

536 BILTMORE WAY  
CORAL GABLES, FL 33134

**New Mailing Address:**

1801 SW 67TH AVE  
MIAMI, FL 33155 US

FEI Number: 51-0464932

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CUEVAS, ANDREW  
536 BILTMORE WAY  
CORAL GABLES, FL 33134

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MMB INTERNATIONAL, L, LC  
Address: 536 BILTMORE WAY  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: MEYER, GUILLERMO  
Address: 536 BILTMORE WAY  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MMB INTERNATIONAL, L, LC  
Address: 1801 SW 67 AVE  
City-St-Zip: MIAMI, FL 33155 US

Title: MGRM (X) Change ( ) Addition  
Name: MEYER, GUILLERMO M  
Address: 4818 NW 116 AVE  
City-St-Zip: MIAMI, FL 33178 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GUILLERMO M. MEYER

MGRM

01/06/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date