

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019931

Entity Name: ABDUL AITBOUKIL, LLC

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

5409 CAPE HATTERAS DR  
CLERMMONT, FL 34714

## New Principal Place of Business:

## Current Mailing Address:

5409 CAPE HATTERAS  
CLERMONT, FL 34714

## New Mailing Address:

5409 CAPE HATTERAS DR  
CLERMMONT, FL 34714

FEI Number: 56-2363395

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AITBOUKIL, ABDERRAHIM  
5409 CAPE HATTERAS  
CLERMONT, FL 34714 US

## 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/MANAGERS:

Title: MGR ( ) Delete  
Name: AITBOUKIL, ABDERRAHIM  
Address: 5409 CAPE HATTERAS DR  
City-St-Zip: CLERMONT, FL 34714

Title: MGR (X) Delete  
Name: AITBOUKIL, ABDERRAHIM  
Address: 5409 CAPE HATTERAS DR  
City-St-Zip: CLERMONT, FL 34714

Title: MGR (X) Delete  
Name: ABDERRAHIM AITBOUKIL,  
Address: 5409 CAPE HATTERAS DRQ  
City-St-Zip: CLERMONT, FL 34714

Title: MGR (X) Delete  
Name: ABDERRAHIM AITBOUKIL,  
Address: 5409 CAPE HATTERAS DR  
City-St-Zip: CLERMONT, FL 34714

Title: MGR (X) Delete  
Name: ABDERRAHIM AITBOUKIL,  
Address: 5409 CAPE HATTERAS DR  
City-St-Zip: CLERMONT, FL 34714

Title: MGR (X) Delete  
Name: AITBOUKIL ABDERRAHIM,  
Address: 5409 CAPE HATTERAS DR  
City-St-Zip: CLERMONT, FL 34747

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ABDERRAHIM AITBOUKIL

MCR

04/30/2008

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