2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2008
Secretary of State

DOCUMENT# L03000021804

Entity Name: A A N ENTERPRISES LLC

Current Principal Place of Business:

794 S. TAMPA AVE
ORLANDO, FL 32805 US

New Principal Place of Business:

Current Mailing Address:

1495 SHELTER ROCK RD
ORLANDO, FL 32835 US

New Mailing Address:

FEI Number: 20-0046313 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AZIZ, ABDUL
1495 SHELTER ROCK RD
ORLANDO, FL 32835 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: AZIZ, ABDUL
Address: 1495 SHELTER ROCK RD
City-St-Zip: ORLANDO, FL 32835 US

Title: MGR ( ) Delete
Name: PATEL, AZIZ
Address: 13862 AMELIA POND
City-St-Zip: WINDERMERE, FL 34786

Title: MGR ( ) Delete
Name: PATEL, NASRIN
Address: 13862 AMELIA POND
City-St-Zip: WINDERMERE, FL 34786

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:

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: ABDUL AZIZ MGR 07/02/2008

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