

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022705

Entity Name: AEROMEDIOS, LLC

FILED
Apr 08, 2008
Secretary of State

Current Principal Place of Business:

6030 NW 99 AVE
SUITE # 315
MIAMI, FL 33178

New Principal Place of Business:

6020 NW 99 AVE
UNIT # 315
MIAMI, FL 33178

Current Mailing Address:

11012 NW 72 TERRACE
MIAMI, FL 33178

New Mailing Address:

6020 NW 99 AVE
UNIT 315
MIAMI, FL 33178

FEI Number: 42-1596742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONDONO, CARMENZA
4005 NORTHWEST 114 AVENUE
SUITE#21
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

LONDONO, CARMENZA
6020 NW 99 AVE
UNIT 315
MIAMI, FL 33178 US

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:

04/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SAAD, MORIS
Address: 11012 NW 72 TERR.
City-St-Zip: MIAMI, FL 33178

Title: MGR () Delete
Name: LONDONO, CARMENZA
Address: 11012 NW 72 TERR.
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SAAD, MORIS
Address: 6020 NW 99 AVE SUITE # 315
City-St-Zip: MIAMI, FL 33178

Title: MGR (X) Change () Addition
Name: LONDONO, CARMENZA
Address: 6020 NW 99 AVE SUITE #315
City-St-Zip: MIAMI, FL 33178

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: MORIS SAAD

MGR

04/08/2008

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