

**17 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

JMENT # L03000040289

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

Name  
AKA ASSOCIATES, LLC



Principal Place of Business  
17150 ROYAL PALM BLVD  
2  
WESTON, FL 33326 US

Mailing Address  
17150 ROYAL PALM BLVD  
2  
WESTON, FL 33326 US



02022007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

VELA, JAIRO  
17150 ROYAL PALM BLVD  
2  
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 May 1, 2007**

U00000629259  
02/16/07-80050-008 50.00

**DO NOT WRITE  
IN THIS SPACE**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VELA, JAIRO 17150 ROYAL PLAM BLVD., STE 2 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARZON, CRISANTO 17150 ROYAL PALM BLVD., STE. 2 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOKANA, ALBERT A 17150 ROYAL PALM BLVD., STE 2 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Feb 02-07 (954)888-427

Date

Daytime Phone #