

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043922

**FILED**  
**Apr 27, 2009**  
**Secretary of State**

**Entity Name:** A.G. INVESTMENT ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

C/O ANGELA A. GOMEZ  
747 PONCE DE LEON BOULEVARD, SUITE 606  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ANGELA A. GOMEZ  
747 PONCE DE LEON BOULEVARD, SUITE 606  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 20-0383363      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GOMEZ, ANGELA  
747 PONCE DE LEON BLVD. STE. 606  
CORAL GABLES, FL 33134    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:** GOMEZ, ANGELA A  
**Address:** 747 PONCE DE LEON BOULEVARD, SUITE 606  
**City-St-Zip:** CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

**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: ANGELA GOMEZ      PRES      04/27/2009

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