

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90019 012 ****50.00

DOCUMENT # L04000075696					
1. Entity Name AQM, LLC					
Principal Place of Business C/O ROBERT ALLEN LAW 1441 BRICKELL AVENUE, SUITE 1014 MIAMI, FL 33131			Mailing Address C/O ROBERT ALLEN LAW 1441 BRICKELL AVENUE, SUITE 1014 MIAMI, FL 33131		
2. Principal Place of Business 1441 BRICKELL AVE Suite, Apt. #, etc. SUITE 1400 City & State MIAMI, FL Zip 33131		3. Mailing Address 1441 BRICKELL AVE Suite, Apt. #, etc. SUITE 1400 City & State MIAMI, FL Zip 33131		01242005 Chg-LLC CR2E083 (10/03)	
Country USA		Country USA		4. FEI Number 20-1795440	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROBERT ALLEN LAW 1441 BRICKELL AVENUE, SUITE 1014 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name ROBERT ALLEN LAW Street Address (P.O. Box Number is Not Acceptable) 1441 BRICKELL AVE SUITE 1400 City MIAMI FL Zip Code 33131		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____			_____ <i>Umberto Bonavita</i> 4/29/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone 305-370-3300		

