

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086472

Entity Name: A G M DESIGNS, L.L.C.

FILED
Jul 03, 2008
Secretary of State

Current Principal Place of Business:

537 SE 27 ST
CAPE CORAL, FL 33904

New Principal Place of Business:

1031 CAPE CORAL PKWY E. #206
CAPE CORAL, FL 33904

Current Mailing Address:

537 SE 27 ST
CAPE CORAL, FL 33904

New Mailing Address:

1031 CAPE CORAL PKWY E. #206
CAPE CORAL, FL 33904

FEI Number: 56-2466803 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:

WHAT A REFUND, INC.
8200 W 33 AVE #15
HIALEAH, FL 33018 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: MANZUR, ALEX G
Address: 537 S.E. 27TH ST
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM () Delete
Name: CACERES, GUILLERMO J
Address: 8200 W 33 AVE #15
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES:

Title: PR (X) Change () Addition
Name: MANZUR, ALEX G
Address: 1031 CAPE CORAL PKWY. E. #206
City-St-Zip: CAPE CORAL, FL 33904

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: ALEX MANZUR

PR

07/03/2008

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