

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000049813**

1. Entity Name  
**A.M.G. ASSOCIATES GROUP, LLC**



Principal Place of Business

**14928 SW 23 ST  
MIAMI, FL 33185**

Mailing Address

**14928 SW 23 ST  
MIAMI, FL 33185**



02182008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3221498**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

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

**GRILLO, ARIEL  
14928 SW 23 ST  
MIAMI, FL 33185**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U00000839120

03/05/08 00053 000 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	GRILLO, ARIEL
STREET ADDRESS	14928 SW 23 ST
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	MGR
NAME	GRILLO, MAYELIN
STREET ADDRESS	14928 SW 23 ST
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

**MAYELIN GRILLO**

**2/18/08**

Date

**305-788-4323**

Daytime Phone #