

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066134

Entity Name: AGLO, LLC

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

1100 BRICKELL AVENUE, SUITE 310  
MIAMI, FL 33131

**New Principal Place of Business:**

1110 BRICKELL AVENUE, SUITE 310  
MIAMI, FL 33131

**Current Mailing Address:**

1100 BRICKELL AVENUE, SUITE 310  
MIAMI, FL 331231

**New Mailing Address:**

1110 BRICKELL AVENUE, SUITE 310  
MIAMI, FL 331231

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

NS CORPORATE SERVICES INC.  
1100 BRICKELL AVENUE, SUITE 310  
MIAMI, FL 33131 US

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

NS CORPORATE SERVICES INC.  
1110 BRICKELL AVENUE, SUITE 310  
MIAMI, FL 33131 US

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:

04/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KHAFIF, JACQUES I  
Address: 2730 S.W. 3RD AVENUE, SUITE 300  
City-St-Zip: MIAMI, FL 33129

Title: MGR ( ) Delete  
Name: KHAFIF, ISAAC J  
Address: 2730 S.W. 3RD AVENUE, SUITE 300  
City-St-Zip: MIAMI, FL 33129

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JACQUES KHAFIF

MGR

04/28/2009

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