

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088295

Entity Name: A & E SAEZ, LLC

FILED
Apr 07, 2007
Secretary of State

Current Principal Place of Business:

1300 CONNIE AVE. N
LEHIGH ACRES, FL 33971

New Principal Place of Business:

1300 CONNIE AVE. N
LEHIGH ACRES, FL 33971 US

Current Mailing Address:

1300 CONNIE AVE. N
LEHIGH ACRES, FL 33971

New Mailing Address:

P.O. BOX 100232
CAPE CORAL, FL 33910 US

FEI Number: 51-0554382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, PAULA
2930 SW 1ST. PLACE
CAPE CORAL, FL 33914 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: MGRM () Delete
Name: SAEZ, HERIBERTO
Address: 1300 CONNIE AVE N
City-St-Zip: LEHIGH ACRES, FL 33971

Title: MGRM () Delete
Name: SAEZ, ANGEL
Address: 1511 FLYNN ST.
City-St-Zip: NORTH FORT MYERS, FL 33903

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 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: ANGEL SAEZ

MGRM

04/07/2007

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