

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109562

Entity Name: AGMAN SERVICES, LLC

FILED
Feb 14, 2008
Secretary of State

Current Principal Place of Business:

8300 NW 53 ST.
SUITE 350
MIAMI, FL 331667712

New Principal Place of Business:

Current Mailing Address:

8300 NW 53 ST.
SUITE 350
MIAMI, FL 331667712

New Mailing Address:

FEI Number: 20-3839821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, BERTA M
9550 NW 77 AVENUE
SUITE 3
HIALEAH GARDENS, FL 33016 US

Name and Address of New Registered Agent:

SANDERS, BERTA M
5781B NW 151 STREET
MIAMI LAKES, FL 33014 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: BERTA M SANDERS

02/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MANRIQUE DE AGUILAR, MARIETH
Address: 8225 LAKE DRIVE
City-St-Zip: DORAL, FL 33166

Title: MGRM () Delete
Name: AGUILAR, ANTONIO C
Address: 8225 LAKE DRIVE
City-St-Zip: DORAL, FL 330166

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MANRIQUE DE AGUILAR, MARIETH
Address: 10979 NW 79 STREET
City-St-Zip: DORAL, FL 33178

Title: MGRM (X) Change () Addition
Name: AGUILAR, ANTONIO C
Address: 10979 NW 79 STREET
City-St-Zip: DORAL, FL 33178

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: ANTONIO AGUILAR

MGRM

02/14/2008

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