

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000115305

1. Entity Name

AIB, LLC



SECRET
DIVISION

07 OCT 25 PM 4:09

Principal Place of Business

3015 N. OCEAN BLVD., UNIT 9-I
FORT LAUDERDALE FL 33308

Mailing Address

3015 N. OCEAN BLVD., UNIT 9-I
FORT LAUDERDALE FL 33308



AL MONTROSS
3410 GALT OCEAN DRIVE
PH 7 - N
FT. LAUDERDALE, FL 33308

A.I.B. LLC
PO Box 23038
Oakland Park, FL 33307-3038

2nd MOORE CR2E083 (4/07)

4. FEI Number **NO-T APPLICABLE** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

M & W AGENTS, INC.
3015 N OCEAN BLVD UNIT 9-I
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name **Adrian ANGELES**
Street Address (P.O. Box Number is Not Acceptable)
7470 SW 10th St, 201D
City **N Lauderdale** FL Zip Code **33068**

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 filed if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

10.7.07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **MONTROSS, ALBERT E**
CITY-ST-ZIP **3015 N OCEAN BLVD UNIT 9-I**
FORT LAUDERDALE FL 33308

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **500109957985**
CITY-ST-ZIP **09/26/07--01033--004 **50.00**

TITLE ☐ Change ☐ Addition
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*2007 Notice
Returned
by USPS - Def*

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

ALBERT E. MONTROSS 10/7/07

Date

Daytime Phone #

954-647-
2555