

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000802

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: AG CORPORATE SERVICES, LLC

**Current Principal Place of Business:**

5805 BLUE LAGOON DR.  
SUITE 200  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

5805 BLUE LAGOON DR.  
SUITE 200  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

ALONSO, DOMINGO  
5805 BLUE LAGOON DRIVE  
STE 200  
MIAMI, FL 33126 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: MGR ( ) Delete  
Name: ALONSO, DOMINGO  
Address: 5805 BLUE LAGOON DRIVE STE 200  
City-St-Zip: MIAMI, FL 33126

Title: MGR ( ) Delete  
Name: GARCIA, JULIO E  
Address: 5805 BLUE LAGOON DRIVE STE 200  
City-St-Zip: MIAMI, FL 33126

Title: MGR ( ) Delete  
Name: ALONSO, PILAR  
Address: 5805 BLUE LAGOON DRIVE STE 200  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES:**

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

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: DOMINGO ALONSO C.P.A.

MGR

02/25/2009

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