

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

1/

FILED
Feb 28, 2007 8:00 am
Secretary of State

01-22-2007 90147 011 ****50.00

DOCUMENT # L06000026885

1. Entity Name
A.F. RETIREMENT FUND, LLC



Principal Place of Business
**9031 N.W. 150 TERRACE
MIAMI LAKES, FL 33018**

Mailing Address
**9031 N.W. 150 TERRACE
MIAMI LAKES, FL 33018**

30001397



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-4625667

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASELLA, JOSHUA
9031 N.W. 150 TERRACE
MIAMI LAKES, FL 33018**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when releasing)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME ESCOBAR, MARILYN
STREET ADDRESS 19881 N.W. 88 AVE.
CITY- ST- ZIP MIAMI, FL 33018

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGRM ☐ Delete
NAME ABELLA, JOSHUA
STREET ADDRESS 9031 N.W. 150 TERRACE
CITY- ST- ZIP MIAMI LAKES, FL 33018

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGRM ☐ Delete
NAME ALFONSO, C.
STREET ADDRESS 9031 N.W. 150 TERRACE
CITY- ST- ZIP MIAMI LAKES, FL 33018

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGRM ☐ Delete
NAME ESCOBAR, BRIAN W
STREET ADDRESS 19881 N.W. 88 AVE.
CITY- ST- ZIP MIAMI, FL 33018

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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: *Celia Alfaro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01/15/07

Date

Daytime Phone #