

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026885

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: A.F. RETIREMENT FUND, LLC

## Current Principal Place of Business:

9031 N.W. 150 TERRACE  
MIAMI LAKES, FL 33018

## New Principal Place of Business:

## Current Mailing Address:

9031 N.W. 150 TERRACE  
MIAMI LAKES, FL 33018

## New Mailing Address:

FEI Number: 20-4625667

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ASELLA, JOSHUA  
9031 N.W. 150 TERRACE  
MIAMI LAKES, FL 33018 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: ESCOBAR, MARILYN  
Address: 19881 N.W. 88 AVE.  
City-St-Zip: MIAMI, FL 33018

Title: MGRM ( ) Delete  
Name: ABELLA, JOSHUA  
Address: 9031 N.W. 150 TERRACE  
City-St-Zip: MIAMI LAKES, FL 33018

Title: MGRM ( ) Delete  
Name: ALFONSO, C.  
Address: 9031 N.W. 150 TERRACE  
City-St-Zip: MIAMI LAKES, FL 33018

Title: MGRM ( ) Delete  
Name: ESCOBAR, BRIAN W  
Address: 19881 N.W. 88 AVE  
City-St-Zip: MIAMI, FL 33018

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ESCOBAR, MARILYN  
Address: 7120 NW 169 ST  
City-St-Zip: MIAMI LAKES, FL 33015

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

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

Title: MGRM (X) Change ( ) Addition  
Name: ESCOBAR, BRIAN W  
Address: 7120 NW 169 ST  
City-St-Zip: MIAMI LAKES, FL 33015

Title: MGRM ( ) Change (X) Addition  
Name: ESCOBAR, BRADLEY W  
Address: 7120 NW 169 ST  
City-St-Zip: MIAMI LAKES, FL 33015

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: MARILYN ESCOBAR

MGRM

04/10/2009

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