

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000026885

**FILED**  
**Jan 11, 2010**  
**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  
**Name:** ESCOBAR, MARILYN  
**Address:** 7120 NW 169 ST  
**City-St-Zip:** MIAMI LAKES, FL 33015

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

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

**Title:** MGRM  
**Name:** ESCOBAR, BRIAN W  
**Address:** 7120 NW 169 ST  
**City-St-Zip:** MIAMI LAKES, FL 33015

**Title:** MGRM  
**Name:** ESCOBAR, BRADLEY W  
**Address:** 7120 NW 169 ST  
**City-St-Zip:** MIAMI LAKES, FL 33015

I hereby 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:** CELIA ALFONSO

MGRM

01/11/2010

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