## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## May 08, 2007 8:00 am Secretary of State **DOCUMENT #L06000079359** 05-08-2007 90112 027 \*\*\*\*50.00 AENÓN GROUP, LLC Mailing Address Principal Place of Business EMILEUUG 7759 HOLSTEINER LANE 7759 HOLSTEINER LANE TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (12/06) 04252007 Chg-LLC Applied For City & State City & State 4. FEI Number Not Applicable Zin Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SUTOR, ALEX Street Address (P.O. Box Number is Not Acceptable) 7759 HOLSTEINER LANE TALLAHASSEE, FL 32309 Zip Code City 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 Sometime hyped or printed name of registered agent and talle if applicable. (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGR Addition TITLE ☐ Delete TITLE ☐ Change NAME SUTOR, ALEX NAME STREET ADDRESS 7759 HOLSTEINER LANE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309 COY-ST-7P TITLE Delete THE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP TITE F Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Change Addition

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.

NAME

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED KAME OF SIGN

NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Addition

FILED