

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000038769

FILED
Apr 29, 2009
Secretary of State

Entity Name: AF EXPORT EQUIPMENT, LLC

Current Principal Place of Business:

6435 MANHATTAN VILLAGE AVE
UNIT 202
ORLANDO, FL 32835 US

New Principal Place of Business:

Current Mailing Address:

6435 MANHATTAN VILLAGE AVE
UNIT 202
ORLANDO, FL 32835 US

New Mailing Address:

FEI Number: 20-8898145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REGISTERED AGENT CORPORATE SERVICES, INC.
355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

JSH REGISTER AGENT SERVICES, INC.
200 SOUTH BISCAYNE BOULEVARD
SUITE 4650
MIAMI, FL 33131 US

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: JORGE SALCEDO

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FIGUEROA, GIOVAN
Address: CL 4, CR 4 RES LOMAS DEL VALLE
City-St-Zip: NUEVA SEGOVIA, BARQUISIMENTO, VE 0000 XX

Title: MGR () Delete
Name: FIGUEROA, GIOVANNY
Address: CL 4, CR 4 RES LOMAS DEL VALLE
City-St-Zip: NUEVA SEGOVIA, BARQUISIMENTO, VE 0000 XX

ADDITIONS/CHANGES:

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: GIOVAN FIGUEROA

MGR

04/29/2009

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