

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000057716

FILED
Jan 09, 2009
Secretary of State

Entity Name: A. I. G. LLC

Current Principal Place of Business:

13300-56 S. CLEVELAND AVE
#622
FT. MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

13300-56 S. CLEVELAND AVE
#622
FT. MYERS, FL 33907 US

New Mailing Address:

FEI Number: 26-0276955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESPINOZA, JULIO C
13300-56 S. CLEVELAND AVE.
#622
FT. MYERS, FL 33907 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: ESPINOZA, JULIO C
Address: 13300-56 S. CLEVELAND AVE #622
City-St-Zip: FT. MYERS, FL 33907 US

Title: MGRM (X) Delete
Name: ESPINOZA-GUTIERREZ, JULIO
Address: 8970 PASEO DE VALENCIA ST.
City-St-Zip: FT. MYERS, FL 33908 US

Title: MGR () Delete
Name: RAMOS, MILTA
Address: 13300-56 S. CLEVELAND AVE
City-St-Zip: FT. MYERS, FL 33906 US

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: ESPINOZA, MILTA
Address: 13300-56 S. CLEVELAND AVE
City-St-Zip: FT. MYERS, FL 33906 US

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: JULIO C. ESPINOZA

P

01/09/2009

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