2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L08000035912

Entity Name: AION, LLC

Current Principal Place of Business:

13926 SW 90TH TERRACE
MIAMI, FL 33186 US

New Principal Place of Business:

9285 SW 125 AVE
205
MIAMI, FL 33186 US

Current Mailing Address:

13926 SW 90TH TERRACE
MIAMI, FL 33186 US

New Mailing Address:

9285 SW 125 AVE
205
MIAMI, FL 33186 US

FEI Number: 26-2373907 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

YANES, JULISSA
13926 SW 90TH TERRACE
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

YANES, JULISSA
9285 SW 125 AVE
205
MIAMI, FL 33186 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: JULISSA YANES 05/01/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: YANES, JULISSA
Address: 13926 SW 90 TERR
City-St-Zip: MIAMI, FL 33186 US

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

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: YANES, RENE
Address: 9285 SW 125 AVE SUITE 205
City-St-Zip: MIAMI, FL 33186 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: RENE YANES MGRM 05/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date