## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000036908

Entity Name: A.E.S.L., LLC

Title:

Name:

Address:

City-St-Zip:

MGRM

KHAN, MUDASSAR

( ) Delete

SAN-FERNANDO, TRINIDAD WI, FL 33326 US

59 GULF DRIVE, LA ROMAIN

FILED Apr 18, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3938 NW 92 AVE 4121 NW 5TH STREET SUNRISE, FL 33351 #208 PLANTATION, FL 33317 **Current Mailing Address: New Mailing Address:** 3938 NW 92 AVE SUNRISE, FL 33351 FEI Number: 06-1839488 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DON GONZALEZ, P.A MARAJ, SHARM MR 1820 N CORP LAKES BLVD 7640 PARKVIEW WAY US 201 CORAL SPRINGS, FL 33065 WESTON, FL 33326 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: SHARM MARAJ 04/18/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete KHAN, ZAFFRULAH SR Name: Name: 59 GULF DRIVE, LA ROMAIN Address: Address: City-St-Zip: SAN-FERNANDO, TRINIDAD WI, FL 33326 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: KHAN, MOSHIM Name: Address: 41 GULF VIEW DRIVE, LA ROMAIN Address: City-St-Zip: SAN-FERNANDO, TRINIDAD WI, FL 33326 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition KHAN, ISHA MRS. Name: Name: 59 GULF DRIVE, LA ROMAIN Address: Address: City-St-Zip: SAN-FERNANDO, TRINIDAD WI, FL 33326 US 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: ZAFFRULAH KAN MGRM 04/18/2009