

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050956

Entity Name: AF EQUIPMENT, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

239 KEY PALM RD.
BOCA RATON, FL 33432 US

New Principal Place of Business:

350 CAMINO GARDENS BOULEVARD
102
BOCA RATON, FL 33432 US

Current Mailing Address:

1310 SW 2ND COURT
UNIT 112
FT. LAUDERDALE, FL 33312 US

New Mailing Address:

350 CAMINO GARDENS BOULEVARD
102
BOCA RATON, FL 33432 US

FEI Number: 26-2742200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVAN S. KAGAN, P.A.
101 NE 3RD AVE.
1830
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

ADAMS, SCOTT H
350 CAMINO GARDENS BOULEVARD
102
BOCA RATON, FL 33432 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: SCOTT H. ADAMS

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ADAMS, SCOTT
Address: 350 CAMINO GARDENS BLVD STE 102
City-St-Zip: BOCA RATON, FL 33432 US

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

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: FOLEY, RICHARD
Address: 350 CAMINO GARDENS BOULEVARD STE 102
City-St-Zip: BOCA RATON, FL 33432

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: SCOTT H. ADAMS

MGRM

04/30/2009

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