

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000081882

Entity Name: AQ SOLUTIONS, L.L.C.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

124 NW 21ST CT
#3
WILTON MANORS, FL 33311 US

Current Mailing Address:

124 NW 21ST CT
#3
WILTON MANORS, FL 33311 US

FEI Number: 26-3258221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

1126 S FEDERAL HWY
STE 349
FORT LAUDERDALE, FL 33316 US

New Mailing Address:

1126 S FEDERAL HWY
STE 349
FORT LAUDERDALE, FL 33316 US

Name and Address of Current Registered Agent:

AGOSTO, JUAN
124 NW 21ST CT
#3
WILTON MANORS, FL 33311 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: DOWNS, ADRIANA
Address: 180 SW 79TH AVE
City-St-Zip: MARGATE, FL 33068 US

Title: MGRM () Delete
Name: AGOSTO, JUAN
Address: 124 NW 21ST CT #3
City-St-Zip: WILTON MANORS, FL 33311 US

Title: MGRM () Delete
Name: ZUNIGA, CAROLINA
Address: 124 NW 21ST CT #3
City-St-Zip: WILTON MANORS, FL 33311 US

ADDITIONS/CHANGES:

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

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: ADRIANA DOWNS

MGRM

04/30/2009

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