

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000110255

Entity Name: AANETA, LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

1752 N.E. MIAMI GARDENS DRIVE
MIAMI, FL 33179

New Principal Place of Business:

1752 NE MIAMI GARDENS DRIVE
MIAMI, FL 33179

Current Mailing Address:

1752 N.E. MIAMI GARDENS DRIVE
MIAMI, FL 33179

New Mailing Address:

885 SPINNAKER DR WEST
HOLLYOOD, FL 33019

FEI Number: 80-0312803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARKOWICZ, VALERIA
885 SPINNAKER DRIVE WEST
HOLLYWOOD, FL 33019 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: MGR () Delete
Name: MARKOWICZ, VALERIA
Address: 885 SPINNAKER DRIVE WEST
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGR () Delete
Name: IGIELKA, ANA
Address: 885 SPINNAKER DRIVE WEST
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGR (X) Delete
Name: MARKOWICZ, JUAN L
Address: 885 SPINNAKER DRIVE WEST
City-St-Zip: HOLLYWOOD, FL 33019

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: VALERIA MARKOWICZ

MGR

04/15/2009

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