2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2010
Secretary of State

DOCUMENT# L09000068892

Entity Name: AGESTOVIDE, LLC

Current Principal Place of Business:

901 PONCE DE LEON BLVD STE 603
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

901 PONCE DE LEON BLVD STE 603
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALBORNOZ, WILLIAM H
901 PONCE DE LEON BLVD STE 603
CORAL GABLES, FL 33134 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
Name: DEMETRIO, VICTOR A
Address: 901 PONCE DE LEON BLVD STE 603
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: DEMETRIO, AGUSTIN N
Address: 901 PONCE DE LEON BLVD STE 603
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: DEMETRIO, ESTEFANIA
Address: 901 PONCE DE LEON BLVD STE 603
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 Statues.

SIGNATURE: AGUSTIN DEMETRIO MGR 03/06/2010

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