

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M01000002634

1. Entity Name
AMDX LLC



Principal Place of Business

**3075 N.W. 107TH AVE.
MIAMI, FL 33172**

Mailing Address

**3075 N.W. 107TH AVE.
MIAMI, FL 33172**



01062006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1150401

Applied For
Not Applicable

5. Certificate of Status Desired. ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**FERNANDEZ, ODELIN
3075 N.W. 107TH AVE.
MIAMI, FL 33172**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	DE CESPEDES, C.M.
STREET ADDRESS	3075 N.W. 107TH AVE.
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	D
NAME	DE CESPEDES, J.L.
STREET ADDRESS	3075 N.W. 107TH AVE.
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	D
NAME	PEREZ, B.J.
STREET ADDRESS	3075 N.W. 107TH AVE.
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	MGR
NAME	FERNANDEZ, ODELIN
STREET ADDRESS	3075 N.W. 107TH AVE.
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	D
NAME	FERNANDEZ, JORGE R
STREET ADDRESS	3075 N.W. 107TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	D
NAME	FERNANDEZ, GUILLERMO F
STREET ADDRESS	3075 NW 107TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33172

1100000389340
01/20/06-80042-013 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

01/12/06 305-5922324