

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000016361

FILED
Apr 10, 2009
Secretary of State

Entity Name: AMADREW ENTERPRISES LLC

Current Principal Place of Business:

1449 CPARI LANE, APT. #6205
WESTON, FL 33326 US

New Principal Place of Business:

1449 CAPRI LANE,
6212
WESTON, FL 33326 US

Current Mailing Address:

1449 CPARI LANE, APT. #6205
WESTON, FL 33326 US

New Mailing Address:

1449 CAPRI LANE,
6212
WESTON, FL 33326 US

FEI Number: 26-2102552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STATIA, GODFREY CPA
14850 S.W. 152ND CT.
MIAMI, FL 33196 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: PERSAUD, ANDREW A
Address: 1449 CPARI LANE, APT. #6205
City-St-Zip: WESTON, FL 33326 US

Title: MGRM () Delete
Name: PERSAUD, AMANDA N
Address: 1449 CPARI LANE, APT. #6205
City-St-Zip: WESTON, FL 33326 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PERSAUD, ANDREW A
Address: 1449 CAPRI LANE APT# 6212
City-St-Zip: WESTON, FL 33326 US

Title: MGRM (X) Change () Addition
Name: PERSAUD, AMANDA N
Address: 1449 CAPRI LANE APT# 6212
City-St-Zip: WESTON, FL 33326 US

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: ANDREW PERSAUD

MR

04/10/2009

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