

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000068892

FILED  
Jan 12, 2011  
Secretary of State

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:**

C/O GARCIA & GARCIA, CPAS, P.A.  
8221 CORAL WAY  
MIAMI, FL 33155

**Current Mailing Address:**

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

**New Mailing Address:**

C/O GARCIA & GARCIA, CPAS, P.A.  
8221 CORAL WAY  
MIAMI, FL 33155

FEI Number: 90-0545143

FEI Number Applied For ( )

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:**

GARCIA, FEDERICO  
8221 CORAL WAY  
MIAMI, FL 33155 US

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: FEDERICO GARCIA

01/12/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DEMETRIO, VICTOR A  
Address: 8221 CORAL WAY  
City-St-Zip: MIAMI, FL 33155

Title: MGR  
Name: DEMETRIO, AGUSTIN N  
Address: 8221 CORAL WAY  
City-St-Zip: MIAMI, FL 33155

Title: MGR  
Name: DEMETRIO, ESTEFANIA  
Address: 8221 CORAL WAY  
City-St-Zip: MIAMI, FL 33155

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 Statutes.

SIGNATURE: AGUSTIN DEMETRIO

MEMB

01/12/2011

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