

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000012170

1. Entity Name
SAM ASHLEY INTERNATIONAL, L.L.C.



Principal Place of Business
**C/O BAUMAN & KANNER, P.A.
7119 W. BROWARD BLVD.
PLANTATION, FL 33317**

Mailing Address
**101 N OCEAN DR
S #8
HOLLYWOOD BCH, FL 33-0195**



01252005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0007707

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BAUMAN, DAVID M ESQ
C/O BAUMAN & KANNER, P.A.
7119 W. BROWARD BLVD.
PLANTATION, FL 33317**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KESSLER, THOMAS R
101 N OCEAN DR # 8
HOLLYWOOD BCH, FL 33019**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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01/28/05-80044-025 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Thomas R Kessler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01/25/05 (954) 921-0990
Date Daytime Phone #

THOMAS R KESSLER