

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 20, 2006 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 33019**



01162006No Chg-LLC

CR2E083 (11/05)

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, 2006**

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

101000012170
01/25/06-80003-025 50.00

**DO NOT WRITE
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 **MARIANNE MORTAUDE** (AGENT)

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

01/17/06 (704) 573-0086

Date

Daytime Phone #