

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012622

FILED
Apr 30, 2009
Secretary of State

Entity Name: ASSB HOLDING COMPANY, L.L.C.

Current Principal Place of Business:

612 GOLDEN BEACH DRIVE
GOLDEN BEACH, FL 33160

New Principal Place of Business:

11005 WHITEHAWK STREET
PLANTATION, FL 33324

Current Mailing Address:

612 GOLDEN BEACH DRIVE
GOLDEN BEACH, FL 33160

New Mailing Address:

11005 WHITEHAWK STREET
PLANTATION, FL 33324

FEI Number: 20-2240728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERDUGO, SIMON
612 GOLDEN BEACH DRIVE
GOLDEN BEACH, FL 33160 US

Name and Address of New Registered Agent:

BERDUGO, SIMON
11005 WHITEHAWK STREET
PLANTATION, FL 33324 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: _____

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BERDUGO, SIMON
Address: 612 GOLDEN BEACH DRIVE
City-St-Zip: GOLDEN BEACH, FL 33160 US

Title: MGR () Delete
Name: MIKE, COLEMAN
Address: 2785 SE 5TH COURT
City-St-Zip: POMPANO, FL 33062 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BERDUGO, SIMON
Address: 11005 WHITEHAWK STREET
City-St-Zip: PLANTATION, FL 33324 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SIMON BERDUGO

MGR

04/30/2009

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