

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000006405

**FILED  
Apr 19, 2010  
Secretary of State**

**Entity Name:** ASSOCIATED CORPORATE SERVICES, LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

6111 BROKEN SOUND PARKWAY NW  
SUITE 200  
BOCA RATON, FL 33487

**Current Mailing Address:**

**New Mailing Address:**

6111 BROKEN SOUND PARKWAY NW  
SUITE 200  
BOCA RATON, FL 33487

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SACHS SAX CAPLAN, P.L.  
6111 BROKEN SOUND PARKWAY NW  
SUITE 200  
BOCA RATON, FL 33487 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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SACHS SAX CAPLAN, P.L.  
**Address:** 6111 BROKEN SOUND PARKWAY NW  
**City-St-Zip:** BOCA RATON, FL 33487

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: PETER S. SACHS, ESQ.                      MGR                      04/19/2010

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