

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000006405

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

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

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

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

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                      03/23/2012

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