

L08000055362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

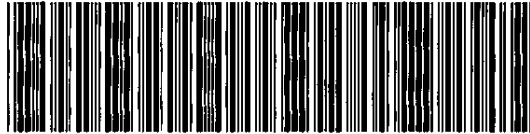
Special Instructions to Filing Officer:

A. LUNT

MAY 28 2009

EXAMINER

Office Use Only



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05/27/09--01033--005 **30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAY 27 PM 4:09

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ASG CAPITAL, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YGAL COHEN

Name of Person

ASG CAPITAL, LLC

Firm/Company

1230 103RD STREET

Address

BAY HARBOR ISLANDS 33154 FLORIDA

City/State and Zip Code

ycohen@asg-capital.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAY 27 PM 4:09

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For further information concerning this matter, please call:

YGAL COHEN

Name of Person

at (305)

760-6503

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ASG CAPITAL, LLC

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:


MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 2009 MAY 20 PM 4:09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 20th of May, 2009.


 Signature of a member or authorized representative of a member
 YGAL COHEN
 Typed or printed name of signee