## M110000le155

| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
|                         |                   |             |
| (Ad                     | dress)            |             |
| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
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G. MCLEOD

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**EXAMINER** 



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SLOBETARY OF STATE SLLAHASSEE, FLORIDA

12 AUG 20 PM 1:2

## **COVER LETTER**

| TO: Registration Section Division of Corporations                                                                                                                                      |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| SUBJECT: ASELLA LLC                                                                                                                                                                    |  |  |  |
| Name of Foreign Limited Liability Company                                                                                                                                              |  |  |  |
| Dear Sir or Madam:                                                                                                                                                                     |  |  |  |
| The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.                                            |  |  |  |
| Please return all correspondence concerning this matter to the following:                                                                                                              |  |  |  |
| ANA I. HAGSTROH  Name of Person                                                                                                                                                        |  |  |  |
| Name of Person                                                                                                                                                                         |  |  |  |
| ASELLA LLC Firm/Company                                                                                                                                                                |  |  |  |
|                                                                                                                                                                                        |  |  |  |
| 21585 WINDHAM PULL                                                                                                                                                                     |  |  |  |
| 21585 WINDHAM RUN Address                                                                                                                                                              |  |  |  |
| ESTERO FL 33928  City/State and Zip Code                                                                                                                                               |  |  |  |
| City/State and Zip Code                                                                                                                                                                |  |  |  |
| ANA @ DANATAPROPERTIES COM                                                                                                                                                             |  |  |  |
| E-mail address: (to be used for future annual report notification)                                                                                                                     |  |  |  |
| For further information concerning this matter, please call:                                                                                                                           |  |  |  |
| ANA HAGSTROM at (239) 989-5624                                                                                                                                                         |  |  |  |
| Name of Person Area Code and Daytime Telephone Number                                                                                                                                  |  |  |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327                   |  |  |  |
| 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301                                                                                                     |  |  |  |
| Enclosed is a check for the following amount:  \$25 Filing Fee \$25 Siling Fee \$25 Certificate of Status \$25 Certified Copy Certificate of Status \$25 Certified Copy Certified Copy |  |  |  |

## AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

| 1. The name of the limited liability compan Department of State is: ASELLA                 | y as it appears on the records of the Florida                             |                              |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------|
| 2. This entity was formed under the laws of                                                | STATE OF DELAWARE.                                                        |                              |
| 3. This entity was authorized to transact bus and its Florida document/registration number | siness in Florida on <u>DEC 8, 2011</u><br>er is <u>M 1100000 6 (55</u> . |                              |
| 4. The name and address of each manager of                                                 | or managing member is as follows:                                         |                              |
| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member                                     | Name and Address:                                                         |                              |
| <u>MGR</u> M                                                                               | ANA I. HAGSTROM<br>21585 WINDHAM RUN<br>ESTERO, FL 33928                  |                              |
| <u>MGR</u> M                                                                               | ANDRES A. QUIROS<br>PO BOX 1308<br>ESTEYO, FL 33928                       |                              |
|                                                                                            |                                                                           |                              |
|                                                                                            | 12 AUG 20  LLAHASSE  LLAHASSE                                             | ar arrana<br>G }<br>unretame |
|                                                                                            | OF STATE. FLORID;                                                         |                              |
|                                                                                            |                                                                           |                              |
| Required Signature: Nager, Signature of Manager,                                           | turne  Managing Member or Member                                          |                              |

Filing Fee: \$25