| | ailing Address: | | | |
|---|---|-------------------------------|---|------------------|
| | ST HALLANDALE BEACH BLVD ALE, FL 33009 US | | | |
| | | | | |
| FEI Number: APPLIED FOR | | | Certificate of Status Desired: No | |
| Name and | Address of Current Registered Agent: | | | |
| 0.12 0202/1 | L PROPERTY MANAGEMENT HALLANDALE BEACH BLVD | | | |
| | E, FL 33009 US ned entity submits this statement for the purpose of changin | q its registered office or re | gistered agent, or both, in the State of Florida. | |
| The above nam | E, FL 33009 US ned entity submits this statement for the purpose of changin RE: ONE GLOBAL PM | g its registered office or re | | /08/2013 |
| The above nam | ned entity submits this statement for the purpose of changin | g its registered office or re | | /08/2013 Date |
| The above nam SIGNATUF | ned entity submits this statement for the purpose of changin RE: ONE GLOBAL PM | g its registered office or re | | |
| The above nam SIGNATUF | ned entity submits this statement for the purpose of changin RE: ONE GLOBAL PM Electronic Signature of Registered Agent | g its registered office or re | | |
| The above nam SIGNATUF Authorized | RE: ONE GLOBAL PM Electronic Signature of Registered Agent | | 04, | |

Current Principal Place of Business:

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

1180 A EAST HALLANDALE BEACH BLVD HALLANDALE, FL 33009

City-State-Zip: HALLANDALE FL 33009

DOCUMENT# L12000073549

Entity Name: ASDEBA LLC

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STRATIEVSKY, DEMIAN M

MGR

City-State-Zip: HALLANDALE FL 33009

04/08/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 08, 2013 **Secretary of State** CC5512092589