

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000001746

**Entity Name:** A.S.K. OUR ASSISTANTS, LLC

**Current Principal Place of Business:**

990 N WOODLAND BLVD, STE. 306-A  
DELAND, FL 32720

**Current Mailing Address:**

990 N WOODLAND BLVD, STE. 306-A  
DELAND, FL 32720 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

C.N.A. FINANCIAL, INC.  
990 N WOODLAND BLVD.  
SUITE 306  
DELAND, FL 32720 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

**Authorized Person(s) Detail :**

Title MGR  
Name C.N.A. FINANCIAL, INC.  
Address 990 N WOODLAND BLVD, STE. 306  
City-State-Zip: DELAND FL 32720

Title MGRM  
Name KOSMIDIS, SOPHIA  
Address CNA FINANCIAL, INC,990 N WOODLAND BLVD 306  
City-State-Zip: DELAND FL 32720

Title MGRM  
Name DAVIS, BRANDY  
Address CNA FINANCIAL, INC,990 N WOODLAND BLVD 306  
City-State-Zip: DELAND FL 32720

Title MGRM  
Name DE LA CRUZ, SOFIA  
Address CNA FINANCIAL, INC,990 N WOODLAND BLVD 306  
City-State-Zip: DELAND FL 32720

Title AUTHORIZED MEMBER  
Name LEBLANC, JAMES  
Address 990 N WOODLAND BLVD, STE. 306-A  
City-State-Zip: DELAND FL 32720

Title AUTHORIZED MEMBER  
Name CALDWELL, JAMES  
Address 990 N WOODLAND BLVD, STE. 306-A  
City-State-Zip: DELAND FL 32720

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KENNEDY GALLIMORE

**MANAGER**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date