

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0500000970

**Entity Name:** ASRM, LLC

**Current Principal Place of Business:**

505 S. LENOLA ROAD, SUITE 231  
MOORESTOWN, NJ 08057

**Current Mailing Address:**

505 S. LENOLA ROAD, SUITE 231  
MOORESTOWN, NJ 08057

**FEI Number:** 42-1574144

**Certificate of Status Desired:** No

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

BUSINESS FILINGS INCORPORATED  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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 MGRM  
Name GRADY, ROBERT E  
Address 505 S. LENOLA ROAD, SUITE 231  
City-State-Zip: MOORESTOWN NJ 08057

Title MGRM  
Name SHAFER, WENDY  
Address 505 S. LENOLA ROAD, SUITE 213  
City-State-Zip: MOORESTOWN NJ 08057

Title MGRM  
Name SANDOLE, DENNIS A  
Address 505 S. LENOLA ROAD, SUITE 231  
City-State-Zip: MOORESTOWN NJ 08057

Title MGRM  
Name FUSCO, ANTHONY J  
Address 505 S. LENOLA ROAD, SUITE 231  
City-State-Zip: MOORESTOWN NJ 08057

*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:** WENDY SHAFER

MGRM

02/10/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date