

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000004887

**FILED**  
**Jan 04, 2017**  
**Secretary of State**  
**CC8346110918**

**Entity Name:** ASTONISH RESULTS, LLC

**Current Principal Place of Business:**

300 METRO CENTER BLVD., SUITE 100  
WARWICK, RI 02886

**Current Mailing Address:**

300 METRO CENTER BLVD., SUITE 100  
WARWICK, RI 02886 US

**FEI Number:** 03-0591497

**Certificate of Status Desired:** No

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

DEGRAIDE, ADAM D  
2642 PARK ROYAL DRIVE  
WINDERMERE, FL 34786 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 MCGUINNESS, JOHN  
Address 72 GATEWAY RD  
City-State-Zip: NORTH KINGSTOWN RI 02858

Title MGR  
Name SAWYER, TIMOTHY C  
Address 4700 MILLENIA LAKES BLVD., SUITE  
410  
City-State-Zip: ORLANDO FL 32839

Title MGR  
Name DEGRAIDE, ADAM D  
Address 4700 MILLENIA LAKES, SUITE 410  
City-State-Zip: ORLANDO FL 32839

*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:** JOHN MCGUINNESS

**MANAGER**

**01/04/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date