LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2004 8:00 am
Secretary of State
07-06-2004 90253 005 ****50.00

DOCUMENT # L00000003979

14024840

1. Entity Name
A.S. and Associates, LC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
20423 S.R. 7	20423 S.R. 7	
Suite, Apt. #, etc. #16290	Suite, Apt. #, etc. #16290	
City & State Boca Raton, FL	City & State Boca Raton	4. FEI Number 65-1046769 ☐ Applied For ☐ Not Applicable
Zip 33498 Country Palm Bch	Zip 33498 Country Palm Bch	5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Stewart Seglin

Street Address (P.O. Box Number is Not Acceptable)
20423 S.R. 7, #16290

City Boca Raton FL Zip Code 33498

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Stewart Seglin

Signature, typed or printed name of registered agent and title if applicable. DATE

[redacted]

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MBR Adam Seglin 20423 S.R. 7 #16290 Boca Raton, FL 33498	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: Adam Seglin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Attachment

14024840

#L00000003979

20423 State Road 7
F-6PBMB 290
Boca Ration, FL 33498
561-483-6888 Tele.
561-483-0054 Fax

SKS and Associates

To: Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Annual Report Notices

To Whom It May Concern:

Enclosed, please find a UBR for **A.S. and Associates, LC** and we have enclosed a check in the amount of **$50**. In reviewing the information on the internet, it was revealed to us that we were supposed to receive a postcard notifying the above named, of the filing requirements by May 1.

Please note that the above named taxpayer did not receive said notification. Therefore, we are filing this protest and have enclosed, what would have been, the proper fee. Thanking you in advance.

Respectfully Submitted:

SKS & Assoc.

SKS and Associates