2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000009613

1. Entity Name
AHSLG, LLC

Principal Place of Business	Mailing Address
1909 TYLER ST 603 HOLLYWOOD, FL 33020 US	1909 TYLER ST 603 HOLLYWOOD, FL 33020 US

DO NOT WRITE IN THIS SPACE

04252008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
65-1113943	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NORMAN H. BECKER, CPA, P.A.
1909 TYLER ST
STE 603
HOLLYWOOD, FL 33020

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IN THIS SPACE

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
Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000931859
05/22/08-80031-022 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	P
NAME	BECKER, NORMAN H CPA, PA
STREET ADDRESS	1909 TYLER ST #603
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	'
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _Norman Becker_ NORMAN BECKER 4/13/08

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