

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2003 8:00 am
Secretary of State

08-22-2003 90075 008 ****50.00

DOCUMENT # L02000011116

1. Entity Name
ASCHENBACH ARTWORKS, LLC



Principal Place of Business

2716 ST. JOHNS AVENUE
JACKSONVILLE FL 32205

Mailing Address

2716 ST. JOHNS AVENUE
JACKSONVILLE FL 32205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
5856 Wiltshire St.

Suite, Apt. #, etc.
5856 Wiltshire St.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32211

Country
USA

Zip
32211

Country
USA

4. FEI Number
030437975

Applied For
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BLANKENSHIP, KIMBERLY A ESQ.
2716 ST. JOHNS AVENUE
JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

Name
Vesper Aschenbach

Street Address (P.O. Box Number is Not Acceptable)

5856 Wiltshire St.

City
Jacksonville

FL

Zip Code
32211

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 \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
MGRM
NAME
ASCHENBACH, VESPER
STREET ADDRESS
2716 ST. JOHNS AVENUE
CITY-ST-ZIP
JACKSONVILLE FL 32205

☐ Delete

TITLE
MGRM
NAME
ASCHENBACH, THOMAS
STREET ADDRESS
2716 ST. JOHNS AVENUE
CITY-ST-ZIP
JACKSONVILLE FL 32205

☐ Delete

TITLE
MGRM
NAME
WINGARD, MICHAEL
STREET ADDRESS
2716 ST. JOHNS AVENUE
CITY-ST-ZIP
JACKSONVILLE FL 32205

☒ Delete

TITLE
MGRM
NAME
QED TECHNOLOGIES, LLC
STREET ADDRESS
2716 ST. JOHNS AVENUE
CITY-ST-ZIP
JACKSONVILLE FL 32205

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)