

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000019249

1. Entity Name
ASMO LLC



Principal Place of Business
7818 SPRING CREEK RD
WEST PALM BEACH, FL 33411 US

Mailing Address
7818 SPRING CREEK RD
WEST PALM BEACH, FL 33411 US

DO NOT WRITE IN THIS SPACE



08022004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
54-2086184

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HELLPAP, MONIKA
7818 SPRING CREEK RD
WEST PALM BEACH, FL 33411

**DO NOT WRITE
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

**Filing Fee is \$50.00
Due by September 8, 2004**

000000169421
08/05/04-80002-010 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|-----------------|---------------------------|
| TITLE | D |
| NAME | HELLPAP, MONIKA |
| STREET ADDRESS | 7818 SPRING CREEK RD |
| CITY - ST - ZIP | WEST PALM BEACH, FL 33411 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
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| TITLE | |
| 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 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: *Monika Hellpap*

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

MONIKA HELLAPAP

8/2/04 561-478-9292

Date

Daytime Phone #