

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90024 031 ****50.00

DOCUMENT # L02000019249

1. Entity Name
ASMO LLC



Principal Place of Business
ARMONDS - THE SALON
340 ROYAL POINCIANA WAY SUITE 1C
PALM BEACH FL 33480
US

Mailing Address
C/O ASTRID BAEGE 250 VIA BELLARIA
PALM BEACH FL 33480
US

2. Principal Place of Business
7818 SPRING CREEK ROAD
Suite, Apt. #, etc.

3. Mailing Address
same
Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL 33411

City & State
same

Zip Country Zip Country
33411 PALM BEACH 33411 PALM BEACH

4. FEI Number
54-2086184

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
BAEGE, ASTRID
250 VIA BELLARIA
PALM BEACH FL 33480

7. Name and Address of New Registered Agent
Name
MONIKA HELLPA
Street Address (P.O. Box Number is Not Acceptable)
7818 SPRING CREEK ROAD
WEST PALM BEACH, FL. 33411
City **FL** Zip Code **33411**

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 *Monika Hellpap* **sole member**
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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	BAEGE, ASTRID 250 VIA BELLARIA PALM BEACH FL. 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	MONIKA HELLPA 7818 SPRING CREEK ROAD WEST PALM BEACH, FL. 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: *Monika Hellpap* **SIGNATURE REQUIRED** **3/22/03** **561-478-9292**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)