FILED
Mar 05, 2004 8:00 am
Secretary of State

01-14-2004 90040 011 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000005233

1. Entity Name
ASOLUTION LLC

Principal Place of Business	Mailing Address
11922 RACE TRACK ROAD TAMPA, FL 33626	~~P.O. BOX 1211~~ ~~OLDSMAR, FL 34677~~

[redacted]

01072004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
12102 Lexington Park Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAmpA Florida	City & State
Zip: 33626 Country: USA	Zip Country

4. FEI Number 61-1442970 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BETTERLY, JOEL 8218 SOLANO BAY LOOP #618 TAMPA, FL 33635	Name: Joel BETTERly Street Address (P.O. Box Number is Not Acceptable): 12102 Lexington Park Drive City: TAmpA FL Zip Code: 33626

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] DATE 7 January 2004

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

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~Partner~~ Vice President Joel BETTERly 12102 Lexington Park DRive TAMPA FL 33626	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~PARTNER~~ President Christopher Connell 12261 #105 Lexingtonpark Drive TAmpA, FL 33626	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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] 7 JAN 2004 813-477-5681

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