

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L03000014120

1. Entity Name  
ADVANCED ASSESSMENT SYSTEMS, LLC



Principal Place of Business

80 5TH AVENUE  
SUITE 1503  
NEW YORK, NY 10011

Mailing Address

80 5TH AVENUE  
SUITE 1503  
NEW YORK, NY 10011

**FILED**  
**Jul 11, 2008 08:00 AM**  
**Secretary of State**



07072008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0181030

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

POWE, JOSHUA  
1200 WEST AVENUE  
TS-5  
MIAMI BEACH, FL 33139

**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

**FILE NOW!!! FEE IS \$538.75**  
**Due by September 12, 2008**

U000000954400  
07/11/08-80011-013 538.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	JONES, COLLEEN
STREET ADDRESS	11 CUSHMAN ROAD
CITY-ST-ZIP	PATTERSON, NY 12563
TITLE	MGRM
NAME	POWE, REGINALD
STREET ADDRESS	11 CUSHMAN ROAD
CITY-ST-ZIP	PATTERSON, NY 12563
TITLE	MGRM
NAME	POWE, JASON
STREET ADDRESS	1000 WEST AVENUE, APT #1411
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	MGRM
NAME	POWE, JOSHUA
STREET ADDRESS	1200 WEST AVENUE, TS-5
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:

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

7/7/08 305-501-7292

Date

Daytime Phone #