


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000018827	
1. Entity Name ASD, LLC	

Principal Place of Business 8700 NAVARRE PARKWAY NAVARRE, FL 32566 US	Mailing Address 8700 NAVARRE PARKWAY NAVARRE, FL 32566 US
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DO NOT WRITE IN THIS SPACE



07032006No Chg-LLC CR2E083 (11/05)

4. FEI Number 22-3897410	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAUHAN, DHANSUKH
 290 S.W. MIRACLE STRIP PARKWAY
 FORT WALTON BEACH, FL 32548

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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 _____ DATE _____
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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAUHAN, DHANSUKH 209 S.W. MIRACLE STRIP PARKWAY FORT WALTON BEACH, FL 32548
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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:  Date: 7/4/06 850-244-5737 EXT 101

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