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FILED
Feb 03, 2004 8:00 am
Secretary of State

01-16-2004 90015 046 ****55.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000035702

1. Entity Name
ASRB TECHNOLOGIES, LLC

34000088

Principal Place of Business	Mailing Address
~~11987 SOUTHERN BLVD~~ ~~ROYAL PALM BEACH~~, FL 33411	~~11987 SOUTHERN BLVD~~ ~~ROYAL PALM BEACH~~, FL 33411

01062004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
7100 Fairway Dr.	7100 Fairway Dr.
Suite, Apt. #, etc. 36	Suite, Apt. #, etc. 36
City & State: Palm Beach Gardens	City & State: Palm Beach Gardens
Zip: 33418 Country: USA	Zip: 33418 Country: USA

4. FEI Number: 20-0237483 ☐ 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
MAWANI, RIZWAN ~~11987 SOUTHERN BLVD~~ ROYAL PALM BEACH, FL 33411	Name: MAWANI, RIZWAN Street Address (P.O. Box Number is Not Acceptable): 7100-36 Fairway Dr. City: Palm Beach Gardens FL Zip Code: 33418

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] Rizwan Mawani, MGRM Jan 7, 2004
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 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	MGRM MAWANI, RIZWAN ~~11987 SOUTHERN BLVD~~ ~~ROYAL PALM~~ BEACH, FL ~~33411~~ ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MAWANI, RIZWAN 7100-36 Fairway Drive Palm Beach Gardens, FL 33418 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HUSSAIN, ALTAF 11987 SOUTHERN BLVD ROYAL PALM BEACH, FL 33411 ☐ 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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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] Rizwan Mawani, MGRM Jan 7/04 561-799-600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #