

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000037427

1. Entity Name
A&S DEVELOPERS, LLC



Principal Place of Business
**923 NORTHWEST 31ST AVENUE
POMPANO BEACH, FL 33069 US**

Mailing Address
**923 NORTHWEST 31ST AVENUE
POMPANO BEACH, FL 33069 US**



02022006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2228175

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AGER, ISABELLE ESQ.
1900 NW CORPORATE BOULEVARD
SUITE 301, WEST BUILDING
BOCA RATON, FL 33431**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
AGER, JOHN
1900 NW CORPORATE BOULEVARD, SUITE 301W
BOCA RATON, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SHAW, BRIAN
1900 NW CORPORATE BOULEVARD, SUITE 301W
BOCA RATON, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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U00000423580
02/18/06-80015-010 50.00

**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: _____

John Ager

2/2/06

954/975-9797

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

Date

Daytime Phone #