

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90238 038 ****50.00

DOCUMENT # L04000038966			
1. Entity Name AMERICAN STERLING INVESTMENTS, LLC			
Principal Place of Business 3910 GOLF PARK LOOP STE. 1 BRADENTON, FL 34203		Mailing Address 3910 GOLF PARK LOOP STE. 1 BRADENTON, FL 34203	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01282005 Chg-LLC CR2E083 (10/03)

4. FEI Number
71-0967334

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	
DYE, STEPHEN R- 3910 GOLF PARK LOOP STE. 1 BRADENTON, FL 34203		Name Samuel M. Coniglio, III Street Address (P.O. Box Number is Not Acceptable) 3910 Golf Park Loop Suite 1 City Bradenton FL Zip Code 34203	

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 **Samuel M. Coniglio, III Member/Manager** DATE **3/14/05**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	member, manager ☐ Delete Samuel M. Coniglio, III 3910 Golf Park Loop, Suite 1 Bradenton, FL 34203	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	member, manager ☐ Delete Carol A. Coniglio 3910 Golf Park Loop, Suite 1 Bradenton, FL 34203	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
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

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 **Carol A. Coniglio** **3/14/05** **Carol A. Coniglio**
941-351-2664