

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053320

**FILED
Apr 14, 2009
Secretary of State**

Entity Name: ASW L.L.C.

Current Principal Place of Business:

4315 AEGEAN DR.
204C
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

4315 AEGEAN DR.
204C
TAMPA, FL 33611

New Mailing Address:

FEI Number: 54-2152173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBINSON, AILEEN
4315 AEGEAN DR.
204C
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RUBINSON, AILEEN
Address: 4315 AEGEAN DR. 204C
City-St-Zip: TAMPA, FL 33611

Title: MGRM () Delete
Name: ODELL, STEVE
Address: 4315 AEGEAN DR. 204C
City-St-Zip: TAMPA, FL 33611

Title: MGRM () Delete
Name: ODELL, WAYNE
Address: 2718 W. LELIA
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AILEEN RUBINSON

MGR

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date