

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071931

Entity Name: AS & G, LLC

FILED
Jul 22, 2008
Secretary of State

Current Principal Place of Business:

P.O. BOX 52323
SARASOTA, FL 34232-031

New Principal Place of Business:

890 MECCA DR
SARASOTA, FL 34234

Current Mailing Address:

P.O. BOX 52323
SARASOTA, FL 34232-031

New Mailing Address:

P.O. BOX 17351
SARASOTA, FL 34276

FEI Number: 20-1765175 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PFLUGNER, J GEOFFREY
2033 MAIN STREET
SUITE 600
SARASOTA, FL 34237 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: MIKAIEL, SHERIF G
Address: 4001 BENEVA ROAD, #420
City-St-Zip: SARASOTA, FL 34233

Title: MGR () Delete
Name: GIRGIS, ADEL
Address: 773 KENNEDY BL
City-St-Zip: BAYONNE, NJ 07002

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TADROS, FRANK
Address: 3101 BEE RIDGE RD #221
City-St-Zip: SARASOTA, FL 34239

Title: MGR (X) Change () Addition
Name: GIRGIS, ADEL
Address: 3913 COUNTRY VIEW CIR
City-St-Zip: SARASOTA, FL 34233

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: FRANK TADROS

MGR

07/22/2008

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