

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084343

Entity Name: ASAB, LLC

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

111 CARRIAGE HILL DRIVE
CASSELBERRY, FL 32707 US

New Principal Place of Business:

2230 E TRIANGLE DR.
LONGWOOD, FL 32779 US

Current Mailing Address:

111 CARRIAGE HILL DRIVE
CASSELBERRY, FL 32707 US

New Mailing Address:

2230 E TRIANGLE DR.
LONGWOOD, FL 32779 US

FEI Number: 20-2258167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GWINN, LAWRENCE
111 CARRIAGE HILL DR.
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

GWINN, LAWRENCE
2230 E TRIANGLE DR.
LONGWOOD, FL 32779 US

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: LAWRENCE GWINN

04/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GWINN, LAWRENCE
Address: 111 CARRIAGE HILL DRIVE
City-St-Zip: CASSELBERRY, FL 32707 US

Title: MGRM () Delete
Name: GWINN, TANYA
Address: 12 ORCHESTRA LANE
City-St-Zip: ALISO VIEJO, CA 92656 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GWINN, LAWRENCE
Address: 2230 E TRIANGLE DR.
City-St-Zip: LONGWOOD, FL 32779 US

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: LAWRENCE GWINN

MGRM

04/21/2008

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