

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090564

FILED  
May 02, 2009  
Secretary of State

Entity Name: ASSET LLC

**Current Principal Place of Business:**

93 CHANTECLAIRE CIRCLE  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

93 CHANTECLAIRE CIRCLE  
GULF BREEZE, FL 32561

**New Mailing Address:**

FEI Number: 20-2010050      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:**

**Name and Address of New Registered Agent:**

CUTRONE, FABRIZIO  
93 CHANTECLAIRE CIRCLE  
GULF BREEZE, FL 32561      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: CUTRONE, CLAUDIO  
Address: 93 CHANTECLAIRE CIRCLE  
City-St-Zip: GULF BREEZE, FL 32561

Title: MGRM      ( ) Delete  
Name: BARRON, CATHERINE  
Address: 93 CHANTECLAIRE CIRCLE  
City-St-Zip: GULF BREEZE, FL 32561

**ADDITIONS/CHANGES:**

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: CLAUDIO CUTRONE

MGM

05/02/2009

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