

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90185 013 ****55.00

DOCUMENT # L05000107590

1. Entity Name
ASD, LLC



Principal Place of Business
321 SMITH ROAD
APALACHICOLA, FL 32320

Mailing Address
321 SMITH ROAD
APALACHICOLA, FL 32320

DO NOT WRITE IN THIS SPACE



04022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3692820

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DURHAM, JAMES A
321 SMITH ROAD
APALACHICOLA, FL 32320

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

B. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DURHAM, JAMES A
321 SMITH ROAD
APALACHICOLA, FL 32320

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LOGAN, SHAWN L
300 SMITH ROAD
APALACHICOLA, FL 32320

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCHNEIDER, DELL
P O BOX 613
CARRABELLE, FL 32322

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/11/07

850-653-2450