

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L05000118324



1. Entity Name

ASCHINGER-GRAHAM FLORIDA, LLC

Principal Place of Business

8374 MARKET STREET
#158
LAKEWOOD RANCH FL 34202

Mailing Address

8374 MARKET STREET
#158
LAKEWOOD RANCH FL 34202



2. Principal Place of Business No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASCHINGER, GERALD R
8374 MARKET STREET
#158
LAKEWOOD RANCH FL 34202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 is required)

(NOTE: Registered Agent's signature required when applicable)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME ASCHINGER, GERALD R
STREET ADDRESS 8374 MARKET STREET #158
CITY-ST-ZIP LAKEWOOD RANCH FL 34202

TITLE ☐ Change ☐ Addition
NAME 000000883786
STREET ADDRESS 04/17/08-80017-001 138.75
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME GRAHAM, EDWARD G
STREET ADDRESS 7966 ROYAL BIRKDALE CIRCLE
CITY-ST-ZIP BRADENTON FL 34202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

EDWARD G. GRAHAM

4-3-08

Doc#

Entity Print#