

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90175 001 \*\*\*277.50

**DOCUMENT # L05000121710**

1. Entity Name  
**ASHLEY GLEN HOLDINGS, LLC**



Principal Place of Business

**8603 S DIXIE HWY  
SUITE 208  
MIAMI, FL 33143**

Mailing Address

**8603 S DIXIE HWY  
SUITE 208  
MIAMI, FL 33143**

**30000318**



01152008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3986667**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ESPINO, LUIS  
806 DOUGLAS RD  
SUITE 580  
CORAL GABLES, FL 33134**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	GARCIA, GENARO R
STREET ADDRESS	8603 S. DIXIE HWY STE 208
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	MGR
NAME	SANCHEZ, ALEJANDRO
STREET ADDRESS	9350 S. DIXIE HWY STE. 1480
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	MGR
NAME	ESPINO, FERNANDO
STREET ADDRESS	8609 SW 6TH COURT #6
CITY-ST-ZIP	MIAMI, FL 33143
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 #