

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2007 8:00 am
Secretary of State

02-07-2007 90114 049 ****55.00

DOCUMENT # L06000006879																																																																																													
1. Entity Name AHS HOLDINGS, LLC																																																																																													
Principal Place of Business 2635 MCCORMICK, SUITE 101 CLEARWATER FL 33759		Mailing Address 2635 MCCORMICK, SUITE 101 CLEARWATER FL 33759																																																																																											
2. Principal Place of Business - No P.O. Box # same		3. Mailing Address 411 Windward Bg																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																											
City & State		City & State Clearwater																																																																																											
Zip	Country	Zip 33767	Country USA																																																																																										
5. Name and Address of Current Registered Agent LITTLE, MICHAEL G 911 CHESTNUT STREET CLEARWATER FL 33756		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																											
8. Certificate of Status Desired ☒ \$5.00 Additional Fee Required																																																																																													
9. FEI Number 26-4138917																																																																																													
10. Applied For ☐ Not Applicable																																																																																													
11. 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 renewing)																																																																																													
DATE																																																																																													
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007																																																																																													
B. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																																																																																											
<table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-STATE-ZIP</td> <td>☐ Delete</td> </tr> <tr> <td></td> <td>Steven Hasley</td> <td>411 Windward Bg.</td> <td>Clearwater, FL 33767</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-STATE-ZIP</td> <td>☐ Delete</td> </tr> <tr> <td></td> <td>WURKX-LP</td> <td>4735 W. Sahara Ave #20</td> <td>RAS VEGAS, NV 89102</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-STATE-ZIP</td> <td>☐ Delete</td> </tr> <tr> <td></td> <td>Anthony Property Holdings, LLC</td> <td>854 Island Way</td> <td>Clearwater, FL 33767</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-STATE-ZIP</td> <td>☐ Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-STATE-ZIP</td> <td>☐ Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete		Steven Hasley	411 Windward Bg.	Clearwater, FL 33767		TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete		WURKX-LP	4735 W. Sahara Ave #20	RAS VEGAS, NV 89102		TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete		Anthony Property Holdings, LLC	854 Island Way	Clearwater, FL 33767		TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete						TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete						<table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-STATE-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-STATE-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-STATE-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-STATE-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition						TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition						TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition						TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition					
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete																																																																																									
	Steven Hasley	411 Windward Bg.	Clearwater, FL 33767																																																																																										
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete																																																																																									
	WURKX-LP	4735 W. Sahara Ave #20	RAS VEGAS, NV 89102																																																																																										
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete																																																																																									
	Anthony Property Holdings, LLC	854 Island Way	Clearwater, FL 33767																																																																																										
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete																																																																																									
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete																																																																																									
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition																																																																																									
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition																																																																																									
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition																																																																																									
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition																																																																																									
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 X		Date 1-31-07 727-449-8447																																																																																											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date																																																																																											