2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000019128

1. Entity Name
ASHANTI HOLDINGS, LLC

Principal Place of Business	Mailing Address
1800 SOUTH FEDERAL HWY FORT LAUDERDALE, FL 33316	1800 SOUTH FEDERAL HWY FORT LAUDERDALE, FL 33316

07112008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4827570
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LETTIERE, KRISTIN
7000 WEST PALMETTO PARK RD
402
BOCA RATON, FL 33433

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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 _____ DATE

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PATITUCCI, JOHN
STREET ADDRESS	1800 SOUTH FEDERAL HWY
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	MGRM
NAME	PATITUCCI, MARCO
STREET ADDRESS	1800 SOUTH FEDERAL HWY
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000956194
07/24/08-80001-032 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 605, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #