

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

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90051 045 ***138.75

DOCUMENT # L06000043136

1. Entity Name

AS INTERIORS, LLC



Principal Place of Business

700 11TH STREET SOUTH
SUITE 101
NAPLES FL 34102

Mailing Address

700 11TH STREET SOUTH
SUITE 101
NAPLES FL 34102



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

1400 Gulfshore Blvd N.

3. Mailing Address

1400 Gulfshore Blvd N.

Suite, Apt. #, etc.

148

Suite, Apt. #, etc.

148

City & State

Naples FL

City & State

Naples FL

Zip

34102

Country

USA

Zip

34102

Country

USA

1st MOORE

CR2E083 (10/07)

4. FEI Number

42-1702651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, FRANCES A
700 11TH STREET SOUTH
SUITE 101
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

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

1400 Gulfshore Blvd N

Ste 148

City Naples

FL

Zip Code

34102

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 file it applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SCOTT, FRANCES A	
STREET ADDRESS	700 11TH STREET SOUTH, SUITE 101	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1400 Gulfshore Blvd N. Ste 148	
STREET ADDRESS	Naples FL 34102	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

2/6/08

239 263-9030

Date

Daytime Phone #