2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# L06000069180

Entity Name: A.S.P. LLC

Current Principal Place of Business:

5475 ST JAMES DR
ST 103
PORT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

5475 ST JAMES DR
ST 103
PORT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 20-5193230 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAIEMENT, YVON R
643 HELICON TERR
SEBASTIAN, FL 32958 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	PAIEMENT, YVON R	
Address:	643 HELICON TERR	
City-St-Zip:	SEBASTIAN, FL 32958	
Title:	MGRM	( ) Delete
Name:	SEXTON, BRIAN R	
Address:	5361 SOUTHWIND TRAIL	
City-St-Zip:	FT. PIERCE, FL 34951	
Title:	MGRM	( ) Delete
Name:	LEE, JEFFERY S	
Address:	511 N.W. MONICA STREET	
City-St-Zip:	PORT ST. LUCIE, FL 34983	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFF LEE MGRM 01/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date