## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 15, 2007 8:00 am Secretary of State

DOCUMENT # L06000073 1. Entity Name ASPC, LLC.	3592		02-15-2007 9	00278 009 ****50.00
Principal Place of Business	Mailing Address			
3656 SW 25TH TERR Miami, Fl 33133	3656 SW 25TH TERR MIAMI, FL 33133			
2. Principal Place of Business - No P.O. Box in 2901 Kinger Side Dr	3. Mailing Address 2901	jercidel		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	105	02062007 Chg-LLC	CR2E083 (12/06)
(org/ Springs +	2 City State / S	brings, H	4. FEI Number 52-	Applied For Not Applicable
Zip Country/	33065.	Country	5. Certificate of Status Desired	55.00 Additional Fee Required
6. Name and Address of Curren SALGADO, ANTONIO 3656 SW.25TH TERR	t Registered Agent	Name Street Address	7. Name and Address of New F	ntonio.
MIAMI, Ft.√33133		2901	Kiverside	1)1 \$105
The share and six a second six as a second six	San	City Ord	al Springs	FL Zip Cod 3065
The above named entity submits this tratement the obligations of registered agent	or the purpose of changing its i	registered office or registe	ered agent, or both, in the State of H	orida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered ager	and title if applicable. (NOTE	Registered Agent signature require	ed when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007				te check payable to a Department of State
9. MANAGING MEMB	<del></del>	10.	ADDITIONS	
TITLE MGR NAME SALGADO, ANTONO	☐ Delete	TITLE NAME	anager A	Change Addition
STREET ADDRESS 3656 SW 25TH TERR CITY-ST-ZIP MIAMI, FL 33133		STREET ADDRESS CITY-ST-ZIP	DOIGEOU,	le Dr.#105.
TITLE MGR CARO, BERTHA P STREET ADDRESS 3656 SW 25TH TERR	☐ Delete	11TLE CO	ral Springs,	L. 33865 Addition
CITY-SI-ZIP MIAMI, FL 33133	☐ Delete	CITY-ST-ZIP	Panager.	Change ☐ Addition
NAME STREET ADDRESS	Li Delete	NAME STREET ADDRESS	ro, Bertha	d to the same of t
CITY-SI-ZIP TITLE	Delete	CITY-ST-ZIP	901 Killersia	C Change Addition
NAME Street address City-St-Zip		NAME STREET ADDRESS CITY-ST-ZIP	ral Springe	14. 33065.
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP	sh ship filing days as 1 1/2 f	CITY-ST-ZIP	dia Chapter 110 Florid Contra	with a markifu share that the first and the
<ol> <li>I hereby certify that the information supplied wi indicated on this report is true and accurate an limited liability company or the receiver or trust</li> </ol>	un uns filing does not qualify for d that my signature shall have the empowered to execute this r	the exemptions contained the same legal effect as if report as required by Chap	um Chaprer 119, Florida Statutes, 11 made under oath; that I am a mana pter 608, Florida Statutes.	uriner certify that the information ging member or manager of the
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #				