


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-15-2007 90278 009 ****50.00

DOCUMENT # L06000073592 1. Entity Name ASPC, LLC.			
Principal Place of Business 3656 SW 25TH TERR MIAMI, FL 33133		Mailing Address 3656 SW 25TH TERR MIAMI, FL 33133	
2. Principal Place of Business - No P.O. Box # <i>2901 Riverside Dr</i> Suite, Apt. #, etc. <i>105</i>		3. Mailing Address <i>2901 Riverside Dr</i> Suite, Apt. #, etc. <i>105</i>	
City & State <i>Coral Springs, FL</i>		City & State <i>Coral Springs, FL</i>	
Zip <i>33065</i>		Zip <i>33065</i>	
4. FEI Number <i>20-5276523</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		02062007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent SALGADO, ANTONIO 3656 SW 25TH TERR MIAMI, FL 33133		7. Name and Address of New Registered Agent Name <i>Salgado, Antonio</i> Street Address (P.O. Box Number is Not Acceptable) <i>2901 Riverside Dr #105</i> City <i>Coral Springs</i> FL Zip Code <i>33065</i>	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALGADO, ANTONIO 3656 SW 25TH TERR MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Salgado, Antonio 2901 Riverside Dr #105 Coral Springs, FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARO, BERTHA P 3656 SW 25TH TERR MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Caro, Bertha P 2901 Riverside Dr #105 Coral Springs, FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 608, Florida Statutes. SIGNATURE: <i>[Signature]</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #