

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

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90138 003 ***138.75

DOCUMENT # L06000116643

1. Entity Name

ASHTON MANUFACTURING, LLC



Principal Place of Business

7914 SLOANE GARDENS COURT
UNIVERSITY PARK FL 34201
US

Mailing Address

7914 SLOANE GARDENS COURT
UNIVERSITY PARK FL 34201
US

2. Principal Place of Business - No P.O. Box #
1633 NORTH GATE BLVD.

3. Mailing Address
~~1633~~ **AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SARASOTA - FLORIDA

City & State

Zip
34201

Country
USA

Zip

Country

4. FEI Number
20-8001421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MYERS, TROY H JR.
2033 MAIN ST. STE. 600
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name
T.M. ASHTON - OWNER

Street Address (P.O. Box Number is Not Acceptable)
7914 SLOANE GARDENS CT

City
UNIVERSITY PARK FL Zip Code
34201

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 title if applicable

(NOTE: Registered Agent Signature required when reappointing)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ASHTON, TERENCE
7914 SLOANE GARDENS COURT
UNIVERSITY PARK FL 34201** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

30. April 2008 **941-351-5529**