

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000028157

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** A.S.A.P. PERMIT PROCESSORS, LLC

**Current Principal Place of Business:**

16105 83RD PLACE NORTH  
LOXAHATCHEE, FL 33470 US

**New Principal Place of Business:**

**Current Mailing Address:**

16105 83RD PLACE NORTH  
LOXAHATCHEE, FL 33470 US

**New Mailing Address:**

FEI Number: 37-1540604

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOUGLAS, ANGELA D  
16105 83 PLACE NORTH  
LOXAHATCHEE, FL 33470 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  
Name: KELSCH, KAY L  
Address: 16105 83RD PLACE NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: MGRM  
Name: DOUGLAS, ANGELA D  
Address: 16105 83RD PLACE NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470 US

I hereby 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: ANGELA D. DOUGLAS

MGRM

04/28/2011

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