


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90112 041 \*\*\*138.75

<b>DOCUMENT # L07000031595</b>		
1. Entity Name <b>AMERICAN STERLING ENTERPRISES, LLC</b>		

Principal Place of Business <b>3910 GOLF PARK LOOP SUITE # 1 BRADENTON, FL 34203 US</b>	Mailing Address <b>3910 GOLF PARK LOOP SUITE # 1 BRADENTON, FL 34203 US</b>
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2. Principal Place of Business - No P.O. Box # <b>6450 Shoal Creek</b>	3. Mailing Address <b>P.O. Box 20336</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>Bradenton, FL</b>	City & State <b>Bradenton, FL</b>
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Zip <b>34202</b>	Country <b>USA</b>	Zip <b>34204</b>	Country <b>USA</b>
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01082008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent	
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<b>CONIGLIO, SAMUEL M III</b> <b>3910 GOLF PARK LOOP</b> <b>SUITE #1</b> <b>BRADENTON, FL 34203</b>	
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7. Name and Address of New Registered Agent	
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Name	
Street Address (P.O. Box Number is Not Acceptable) <b>6450 Shoal Creek St. Cir.</b>	
City <b>Bradenton</b>	FL Zip Code <b>34202</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>CONIGLIO, SAMUEL M III</b> <b>3910 GOLF PARK LOOP; SUITE #1</b> <b>BRADENTON, FL 34203</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>CONIGLIO, CAROL A</b> <b>3910 GOLF PARK LOOP</b> <b>BRADENTON, FL 34203</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>mGRm</b> <b>Coniglio, Samuel M. III</b> <b>6450 Shoal Creek St. Cir.</b> <b>Bradenton, FL 34202</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>mGRm</b> <b>Coniglio, Carol A.</b> <b>6450 Shoal Creek St. Cir.</b> <b>Bradenton, FL 34202</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:** *Carol A. Coniglio* **Carol A. Coniglio** **4/16/08**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # **941-650-7887**