


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90077 005 \*\*\*138.75

<b>DOCUMENT # L07000036112</b>	
<b>1. Entity Name</b> ASHLEY ACCENTS LLC	

<b>Principal Place of Business</b> 1766 SW CAPTAINS PLACE PALM CITY, FL 34990	<b>Mailing Address</b> 1766 SW CAPTAINS PLACE PALM CITY, FL 34990
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<b>2. Principal Place of Business - No P.O. Box #</b> 9815 South Ocean Blvd	<b>3. Mailing Address</b> P.O. Box 520
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> JENSEN BEACH	<b>City &amp; State</b> JENSEN BEACH FL
<b>Zip</b> 34957	<b>Country</b> US
<b>Zip</b> 34958	<b>Country</b> US

<b>6. Name and Address of Current Registered Agent</b>	
ASHLEY, PEGGY ANNE 1766 SW CAPTAINS PLACE PALM CITY, FL 34990	
<i>see new address info above</i>	

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

**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 reconstituting)

<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	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> ASHLEY, PAUL F 1766 SW CAPTAINS PLACE PALM CITY, FL 34990 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> ASHLEY, PEGGY ANNE F 1766 SW CAPTAINS PLACE PALM CITY, FL 34990 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

<b>10. ADDITIONS/CHANGES</b>
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> 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:** *Peggy Anne Ashley* *2/14/08* *772-220-9630*  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

60008922



01112008 Chg-LLC CR2E083 (12/06)

**4. FEI Number**  
260618660 ☐ Applied For ☐ Not Applicable

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**