

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000036112

Entity Name: ASHLEY ACCENTS LLC

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

9815 SOUTH OCEAN BLVD
JENSEN BEACH, FL 34957

New Principal Place of Business:

19 RIO VISTA DRIVE
STUART, FL 34996

Current Mailing Address:

P.O. BOX 520
JENSEN BEACH, FL 34958

New Mailing Address:

19 RIO VISTA DRIVE
STUART, FL 34996

FEI Number: 26-0618660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ASHLEY, PEGGY ANNE
1766 SW CAPTAINS PLACE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

ASHLEY, PEGGY ANNE
19 RIO VISTA DRIVE
STUART, FL 34996 US

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: PEGGY ANNE ASHLEY

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ASHLEY, PAUL F
Address: 1766 SW CAPTAINS PLACE
City-St-Zip: PALM CITY, FL 34990

Title: MGR () Delete
Name: ASHLEY, PEGGY ANNE F
Address: 1766 SW CAPTAINS PLACE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ASHLEY, PAUL F
Address: 19 RIO VISTA DRIVE
City-St-Zip: STUART, FL 34996

Title: MGR (X) Change () Addition
Name: ASHLEY, PEGGY ANNE F
Address: 19 RIO VISTA DRIVE
City-St-Zip: STUART, FL 34996

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PAUL F ASHLEY

MGRM

04/20/2009

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