

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 20, 2008 8:00 am
Secretary of State

05-05-2008 90031 012 ***138.75

DOCUMENT # L07000049221 1. Entity Name ASD ADVISORY, LLC																																																																																			
Principal Place of Business 138 VINTAGEISLE LANE PALM BEACH GARDENS, FL 33418			Mailing Address 138 VINTAGEISLE LANE PALM BEACH GARDENS, FL 33418																																																																																
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																
City & State <i>SAME AS ABOVE</i>			City & State <i>SAME AS ABOVE</i>																																																																																
Zip Country		Zip Country		4. FEI Number FIN 51-0635728																																																																															
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable																																																																															
6. Name and Address of Current Registered Agent DAWES, ALAN S 138 VINTAGEISLE LANE PALM BEACH GARDENS, FL 33418			7. Name and Address of New Registered Agent 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: <i>Alan Dawes</i> DATE: 4/28/2008 (Signature, typed or printed name of registered agent and date it applies) (NOTE: Registered Agent signature required when reappointing)																																																																																			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: left;">B. MANAGING MEMBERS/MANAGERS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 10%;">CITY- ST- ZIP</td> <td style="width: 15%;">TITLE</td> <td style="width: 10%;">NAME</td> </tr> <tr> <td></td> <td><i>President</i></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td><i>Alan Dawes</i></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td><i>138 Vintage Isle Lane</i></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td><i>Palm Beach Gardens FL 33418</i></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						B. MANAGING MEMBERS/MANAGERS				11. ADDITIONS/CHANGES		TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	TITLE	NAME		<i>President</i>						<i>Alan Dawes</i>						<i>138 Vintage Isle Lane</i>						<i>Palm Beach Gardens FL 33418</i>																																														
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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: <i>Alan Dawes</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE: 4/28/08 DAYPHONE: 561 691 9702																																																																															

single person LLC