

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000052435

Entity Name: ASHCAR ADVISORS, LLC.

FILED
May 21, 2009
Secretary of State

Current Principal Place of Business:

6374 SE MOURNING DOVE WAY
HOBE SOUND, FL 33455 US

New Principal Place of Business:

Current Mailing Address:

6374 SE MOURNING DOVE WAY
HOBE SOUND, FL 33455 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MARSH, SPENCER
6374 SE MOURNING DOVE WAY
HOBE SOUND, FL 33455 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARSH, SPENCER
Address: 6374 SE MOURNING DOVE WAY
City-St-Zip: HOBE SOUND, FL 33455 US

Title: MGRM () Delete
Name: PERTSEMLIDIS, ASHLEY
Address: 160 E 96TH ST
City-St-Zip: NEW YORK, NY 10128 US

Title: MGRM () Delete
Name: ABBOTT, CARTER
Address: 185 NORTH MAIN ST
City-St-Zip: SUFFIELD, CT 06078 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SPENCER S MARSH

PRES

05/21/2009

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