

05-05-2008 90042 033 158.50
L07000071257

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 JUN 18 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000071257					
1. Entity Name A.S.A.P. LOCKSMITH, LLC					
Principal Place of Business 13513 INLET LANE, BLDG. 1, APT. 302 ORLANDO, FL 32824			Mailing Address 13513 INLET LANE, BLDG. 1, APT. 302 ORLANDO, FL 32824		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number			Applied For ☒ Not Applicable		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ESPAILLAT, CAESAR 13513 INLET LANE, BLDG. 1, APT. 302 ORLANDO, FL 32824			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 _____ DATE _____ Signature typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when filing.)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$338.75					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM	☐ Delete			
NAME	ESPAILLAT, CAESAR				
STREET ADDRESS	P.O. BOX 783453				
CITY-ST-ZIP	WINTER GARDEN, FL 34778				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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:  04-30-08 (407) 924-9507					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER, OR AUTHORIZED REPRESENTATIVE Use Daytime Phone #					