

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90110 037 \*\*\*143.75

**DOCUMENT # L07000076987**

1. Entity Name  
**ASKHOLMES LLC**



Principal Place of Business  
**18960 N.E. 2ND AVENUE #106  
MIAMI, FL 33179**

Mailing Address  
**P.O. BOX 694216  
MIAMI, FL 33169**

**50003353**

2. Principal Place of Business - No P.O. Box #  
**1300 NW 180th**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072008 Chg-LLC CR2E083 (12/06)

City & State  
**Miami FL**

City & State

4. FEI Number  
**26-0418136**

Applied For  
Not Applicable

Zip  
**33169** Country  
**USA**

Zip Country

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**

**HOLMES, MARNIECE  
18960 N.E. 2ND AVENUE #106  
MIAMI, FL 33179**

Name

Street Address (P.O. Box Number is Not Acceptable)

**1300 NW 180th**

City **Miami**

**FL**

Zip Code  
**33169**

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 Marniece Holmes  
Signature, typed or printed name of registered agent and title if applicable

Marniece Holmes  
(NOTE: Registered Agent signature required when reinstating)

2-28-08  
DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
HOLMES, MARNIECE  
18960 N.E. 2ND AVENUE #106  
MIAMI, FL 33179** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
JONES, JOYCE  
2522 N.W. 175TH TERRACE  
MIAMI, FL 33056** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: Marniece Holmes  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-28-08  
Date

7863143933  
Daytime Phone #