

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Aug 11, 2008 8:00 am
Secretary of State

07-21-2008 90081 035 ***138.75

DOCUMENT # L07000079365

1. Entity Name
ASHDJI MANAGEMENT GROUP LLC



Principal Place of Business
2200 N PONCE DE LEON BLVD
SUITE 10
ST AUGUSTINE, FL 32084

Mailing Address
2200 N PONCE DE LEON BLVD
SUITE 10
ST AUGUSTINE, FL 32084

2. Principal Place of Business - No P.O. Box #

2825 Lewis Speedway

Suite, Apt. #, etc.

Suite 104

City & State

St. Augustine, FL

Zip

32084

Country

3. Mailing Address

2825 Lewis Speedway

Suite, Apt. #, etc.

Suite 104

City & State

St. Augustine, FL

Zip

32084

Country



07182008

Chg-LLC

CR2E083 (12/08)

4. FEI Number

26-0636953

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

O'CONNELL, WILLIAM H
2200 N PONCE DE LEON BLVD
SUITE 10
ST AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

Name

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

2825 Lewis Speedway, Suite 104

City

St. Augustine, FL

Zip Code

32084

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

[Signature]

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

(NOTE: Registered Agent signature is required when renewing)

7/18/08

DATE

FILE NOW!!! FEB IS \$138.75
Due by September 12, 2008

In accordance with s. 807.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MGRM
ASHDJI, FARID
45 ANASTASIA LAKES DR
ST AUGUSTINE, FL 32080

☐ Delete

10. ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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☐ Delete

TITLE

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/18/08

Date

Daytime Phone