2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000122271

Entity Name: AASB, LLC

FILED Jun 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1460 MARIPSA CIR #104 NAPLES, FL 34105

Current Mailing Address: New Mailing Address:

1460 MARIPSA CIR #104 NAPLES, FL 34105

FEI Number: 30-0455088 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARC L. SHAPRIO, P.A. 720 GOODLETTE ROAD NORTH, SUITE 304 NAPLES, FL 34102

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:

MANAGING MEMBERS/MANAGERS:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES:

MGR () Delete Title: MGRM (X) Change () Addition

BACARDI REVOCABLE TRUST BACARDI, STEVE Name: Name: Address: 6896 TRAIL BLVD. Address: 6896 TRAIL BLVD. City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108

Title: Title: MGR () Change (X) Addition () Delete

Name: Name: ACCARDI, ALISA M

Address: Address: 1460 MARIPOSA CIRCLE #104

City-St-Zip: City-St-Zip: NAPLES, FL 34105

Title: () Delete Title: () Change (X) Addition

ACCARDI, AVIÁNA M Name: Name:

1460 MARIPOSA CIRCLE #104 Address: Address:

City-St-Zip: City-St-Zip: NAPLES, FL 34105

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: STEVE BACARDI **MGMR** 06/29/2009