

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122786

Entity Name: ASN LLC

FILED  
Jan 30, 2009  
Secretary of State

## Current Principal Place of Business:

15300 JOG RD, STE 203  
DELRAY BEACH, FL 33446

## New Principal Place of Business:

15300 JOG RD, STE #203  
DELRAY BEACH, FL 33446

## Current Mailing Address:

4951 W. ATLANTIC AVE.  
DELRAY BEACH, FL 33445

## New Mailing Address:

15300 JOG RD, STE #203  
DELRAY BEACH, FL 33446

FEI Number: 22-3973098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHWAB, FRANCINE  
4951 W. ATLANTIC AVE.  
DELRAY BEACH, FL 33445 US

## Name and Address of New Registered Agent:

SCHWAB, FRANCINE  
15300 JOG RD. #203  
DELRAY BEACH, FL 33446 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:

01/30/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SCHWAB, FRANCINE  
Address: 15300 JOG ROAD #203  
City-St-Zip: DELRAY BEACH, FL 33446

Title: S ( ) Delete  
Name: SCHWAB, FRANCINE  
Address: 15300 JOG ROAD #203  
City-St-Zip: DELRAY BEACH, FL 33446

## ADDITIONS/CHANGES:

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: FRANCINE SCHWAB

MGR

01/30/2009

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