

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000053055

FILED
Aug 26, 2009
Secretary of State

Entity Name: ASSET 360 MANAGEMENT, LLC

Current Principal Place of Business:

965 MOON LAKE DRIVE
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

965 MOON LAKE DRIVE
NAPLES, FL 34104

New Mailing Address:

FEI Number: 11-3842825 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AHMAD, MONSUR
965 MOON LAKE DRIVE
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AHMAD, MONSUR
Address: 965 MOON LAKE DRIVE
City-St-Zip: NAPLES, FL 34104

Title: MGR () Delete
Name: AHMED, SULTANUDDIN
Address: 1635 GARDNER PARK CT.
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: MGR () Delete
Name: CHOWDHURY, ALAM
Address: 75 JORDAN DRIVE
City-St-Zip: LAWRENCEVILLE, GA 33044

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MONSUR AHMAD

CEO

08/26/2009

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