

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000075319

Entity Name: ASO GROUP, LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

281 SE VICTORIA GLEN
LAKE CITY, FL 32025 US

New Principal Place of Business:

630 SW MARIGOLD PL
FT. WHITE, FL 32038 US

Current Mailing Address:

281 SE VICTORIA GLEN
LAKE CITY, FL 32025 US

New Mailing Address:

630 SW MARIGOLD PL
FT. WHITE, FL 32038 US

FEI Number: 26-3107863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OTERO, ALFRED
281 SE VICTORIA GLEN
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

OTERO, ALFRED
630 SW MARIGOLD PL
FT. WHITE, FL 32038 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: ALFRED OTERO

01/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OTERO, ALFRED
Address: 281 SE VICTORIA GLEN
City-St-Zip: LAKE CITY, FL 32025 US

Title: MGR () Delete
Name: OTERO, SERANA M
Address: 281 SE VICTORIA GLEN
City-St-Zip: LAKE CITY, FL 32025 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OTERO, ALFRED
Address: 630 SW MARIGOLD PL
City-St-Zip: FT. WHITE, FL 32038 US

Title: MGR (X) Change () Addition
Name: OTERO, SERANA M
Address: 630 SW MARIGOLD PL
City-St-Zip: FT. WHITE, FL 32038 US

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: ALFRED OTERO

MGR

01/15/2009

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