

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101642

FILED
Sep 01, 2009
Secretary of State

Entity Name: ASCANI WEALTH MANAGEMENT, LLC

Current Principal Place of Business:

200 VILLAGE SQUARE CROSSING
SUITE 102
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

11780 US HIGHWAY ONE
SUITE 202N
NORTH PALM BEACH, FL 33408 US

Current Mailing Address:

200 VILLAGE SQUARE CROSSING
SUITE 102
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

11780 US HIGHWAY ONE
SUITE 202N
NORTH PALM BEACH, FL 33408 US

FEI Number: 26-3702103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

SAUERBERG, ERIC M
200 VILLAGE SQUARE CROSSING
SUITE 102
PALM BEACH GARDENS, FL 33410 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: MGR () Delete
Name: ASCANI, DANIEL L
Address: 200 VILLAGE SQUARE CROSSING, SUITE 102
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ASCANI, DANIEL L
Address: 11780 US HIGHWAY ONE, SUITE 202N
City-St-Zip: NORTH PALM BEACH, FL 33408 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: DANIEL L. ASCANI

MGR

09/01/2009

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