

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000017321

Entity Name: ASONE, LLC

**FILED**  
**May 02, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

30 HAWAIIAN BLVD  
ST AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

30 HAWAIIAN BLVD  
ST AUGUSTINE, FL 32086

**New Mailing Address:**

FEI Number: 27-1903151

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HALL & EDWARDS PA  
77 ALMERIA STREET  
ST AUGUSTINE, FL 32084 US

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

LYNCH, BARBARA A  
30 HAWAIIAN BLVD.,  
ST AUGUSTINE, FL 32080 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: BARBARA LYNCH

05/02/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LYNCH, BARBARA  
Address: 30 HAWAIIAN BLVD  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: MGR  
Name: LYNCH, THOMAS  
Address: 30 HAWAIIAN BLVD  
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby 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: BARBARA LYNCH

MGR

05/02/2013

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