

## **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000024977

Entity Name: ASYNCUP LLC

**FILED**  
**Nov 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8195 NARROW LEAF POINT  
SANFORD, FL 327718131

**New Principal Place of Business:**

4044 W LAKE MARY BLVD  
104-129  
LAKE MARY, FL 327462012

**Current Mailing Address:**

8195 NARROW LEAF POINT  
SANFORD, FL 327718131

**New Mailing Address:**

4044 W LAKE MARY BLVD  
104-129  
LAKE MARY, FL 327462012

FEI Number: 27-2126957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAMPERT, DAVID M  
8195 NARROW LEAF POINT  
SANFORD, FL 327718131 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: PST  
Name: LAMPERT, DAVID M  
Address: 8195 NARROW LEAF POINT  
City-St-Zip: SANFORD, FL 327718131

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: DAVID M LAMPERT

PST

11/12/2012

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