

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L97000000979

Entity Name: ASI OF ORLANDO, LC

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

11100 E REVELS ROAD  
HOWEY IN THE HILLS, FL 34737

**New Principal Place of Business:**

**Current Mailing Address:**

11100 EAST REVELS ROAD  
HOWEY-IN-THE-HILLS, FL 34737

**New Mailing Address:**

FEI Number: 59-3467061

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALLEN, NOLA  
11100 E. REVELS RD.  
HOWEY-IN-THE-HILLS, FL 34737 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  
Name: ALLEN, NOLA  
Address: 11100 E. REVELS RD.  
City-St-Zip: HOWEY-IN-THE-HILLS, FL 34737

Title: MGR  
Name: ALLEN, CHARLES  
Address: 11100 E. REVELS RD.  
City-St-Zip: HOWEY-IN-THE-HILLS, FL 34737

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: NOLA ALLEN

MGR

01/06/2012

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