

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000007820

1. Entity Name

ASHPAUGH & SCULCO, CPAS, PLC



Principal Place of Business

1133 LOUISIANA AVENUE, SUITE 106
WINTER PARK, FL 32789

Mailing Address

1133 LOUISIANA AVENUE, SUITE 106
WINTER PARK, FL 32789



04082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3608217

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCULCO, CAROLYN A
1133 LOUISIANA AVENUE, SUITE 106
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000088817
04/22/08-80024-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ASHPAUGH, GARTH THEODORE
STREET ADDRESS 1003 KEWANNEE TRL
CITY-ST-ZIP MAITLAND, FL 32751

TITLE MGRM
NAME SCULCO, CAROLYN A
STREET ADDRESS 140 HAMPDEN PLACE
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CAROLYN SCULCO 4-8-08 407-645-2020