

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90273 001 ***200.00

DOCUMENT # L99000009297

1. Entity Name
D'ASIGN SOURCE LLC



Principal Place of Business
11500 OVERSEAS HWY
MARATHON, FL 33050

Mailing Address
11500 OVERSEAS HWY
MARATHON, FL 33050

30004802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092005

Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0529929

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

D'ASCANIO, FRANCO L
11500 OVERSEAS HWY
MARATHON, FL 33050

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR D'ASCANIO, ANTHONY 204 S. ANGLERS DR. MARATHON, FL 33050	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR D'ASCANIO, AMEDEO 295 14TH ST. KEY COLONY BEACH, FL 33051	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR D'ASCANIO, FRANCO 431 2ND STREET KEY COLONY BEACH, FL 33051	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	11500 OVERSEAS HWY MARATHON, FL 33050	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	11500 OVERSEAS HWY MARATHON, FL 33050	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CFO BRIAN FREEMAN

4/13/05

305-743-7130