

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90323 044 ****50.00

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**

DO NOT WRITE IN THIS SPACE



04272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3818064

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COLEMAN, JERRY ESQ
201 FRONT STREET STE 203
KEY WEST, FL 33040**

**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

Jerry Coleman, Esq SM

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/07

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
D'ASCANIO, ANTHONY
11500 OVERSEAS HWY
MARATHON, FL 33050**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
D'ASCANIO, AMEDEO
1150 OVERSEAS HWY
MARATHON, FL 33050**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
D'ASCANIO, FRANCO
1150 OVERSEAS HWY
MARATHON, FL 33050**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ALLEN, WAYNE M
11500 OVERSEAS HWY
MARATHON, FL 33050**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
STODDART, DEAN
11500 OVERSEAS HWY
MARATHON, FL 33050**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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

Anthony D'Ascanio
ANTHONY D'ASCANIO

Date

4/30/07

Daytime Phone #

305-743-7130