

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002790

Entity Name: ASAP AMERICA LLC

FILED
Apr 15, 2008
Secretary of State

Current Principal Place of Business:

1501 US HWY 441 NORTH, SUITE 1706
THE VILLAGES, FL 32159

New Principal Place of Business:

1507 BUENOS AIRES BLVD
THE VILLAGES, FL 32159

Current Mailing Address:

1501 US HWY 441 NORTH, SUITE 1706
THE VILLAGES, FL 32159

New Mailing Address:

1507 BUENOS AIRES BLVD
THE VILLAGES, FL 32159

FEI Number: 65-1276617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARSENIJEVITH, DAN
1501 US HWY 441 NORTH, SUITE 1706
THE VILLAGES, FL 32159 US

Name and Address of New Registered Agent:

ARSENIJEVITH, DAN
1507 BUENOS AIRES BLVD
THE VILLAGES, FL 32159 US

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:

04/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VILLA, MARIVIC
Address: 1501 US HWY 441 NORTH, SUITE 1706
City-St-Zip: THE VILLAGES, FL 32159

Title: MGR () Delete
Name: KRAUCAK, NELSON
Address: 1501 US HWY 441 NORTH, SUITE 1706
City-St-Zip: THE VILLAGES, FL 32159

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DAN ARSENIJEVITH

ADM

04/15/2008

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