

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000024410

**Entity Name:** ASPS, L.C.

**Current Principal Place of Business:**

2305 FAIRWAY LANE  
SEBRING, FL 33872

**Current Mailing Address:**

2305 FAIRWAY LANE  
SEBRING, FL 33872

**FEI Number:** 51-0427181

**Certificate of Status Desired:** No

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

LECONY, SCOTT R  
425 SOUTH CAMEROE AVE.  
SEBRING, FL 33870 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

|                 |                       |                 |                           |
|-----------------|-----------------------|-----------------|---------------------------|
| Title           | MGR                   | Title           | MGR                       |
| Name            | SHAH, PARUL           | Name            | SHAH, AMIT I              |
| Address         | 4420 SUN N. LAKE BLVD | Address         | 4420 SUN N LAKE BOULEVARD |
| City-State-Zip: | SEBRING FL 33872      | City-State-Zip: | SEBRING FL 33872          |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PARUL SHAH

**MGR**

**02/09/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date