

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000172156

Entity Name: ASR MANAGEMENT,LLC**Current Principal Place of Business:**315 S. BISCAYNE BLVD., 4TH FL
MIAMI, FL 33131**Current Mailing Address:**315 S. BISCAYNE BLVD., 4TH FL
MIAMI, FL 33131 US**FEI Number:** 46-4753940**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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:** JESSICA MORALES, SPECIAL SECRETARY

03/25/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER
Name	CABELLO , EDUARDO F.
Address	C/OALTA STRATEGIC MANAGEMENT TWO LLC 2950 S.W. 27TH AVENUE, SUITE 220
City-State-Zip:	MIAMI FL 33133

Title	MANAGER
Name	ALLEN, MATTHEW J.
Address	C/O PRH INVESTMENTS, LLC 315 S. BISCAYNE BOULEVARD
City-State-Zip:	MIAMI FL 33131

Title	MANAGER
Name	ONETTO , RAIMUNDO
Address	C/O ALTA STRATEGIC MANAGEMENT TWO LLC 2950 S.W. 27TH AVENUE, SUITE 220
City-State-Zip:	MIAMI FL 33133

Title	MANAGER
Name	ROSSO , CARLOS
Address	C/O PRH INVESTMENTS, LLC 315 S. BISCAYNE BOULEVARD
City-State-Zip:	MIAMI FL 33131

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: EDUARDO F. CABELLOMANAGER, BY ANA
MANZANO, ATTORNEY-IN-
FACT

03/25/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date