

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000008756

**Entity Name:** ASEL, LLC

**Current Principal Place of Business:**

6166 WINFIELD BLVD  
MARGATE, FL 33063

**Current Mailing Address:**

6166 WINFIELD BLVD  
MARGATE, FL 33063 US

**FEI Number:** 46-4537577

**Certificate of Status Desired:** No

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

LOPEZ, ASTRID S  
6166 WINFIELD BLVD  
MARGATE, FL 33063 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	VP
Name	LOPEZ, ASTRID S	Name	LOPEZ, EDWARD JR.
Address	6166 WINFIELD BLVD	Address	6166 WINFIELD BLVD
City-State-Zip:	MARGATE FL 33063	City-State-Zip:	MARGATE FL 33063

*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:** ASTRID LOPEZ

**PRESIDENT**

**05/01/2016**

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

\_\_\_\_\_  
Date