

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000179992

**Entity Name:** ASAP PROFESSIONALS LLC

**Current Principal Place of Business:**

647 HEBRON AVE  
KEYSTONE HTS, FL 32656

**Current Mailing Address:**

647 HEBRON AVE  
KEYSTONE HTS, FL 32656 US

**FEI Number:** 47-5607317

**Certificate of Status Desired:** No

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

PITTMAN, GARY  
647 HEBRON AVE  
KEYSTONE HTS, FL 32656 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  
Name DJAVAHARI, ILDIKO  
Address 647 HEBRON AVE  
City-State-Zip: KEYSTONE HTS FL 32656

*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:** ILDIKO DJAVAHARI

**MANAGER**

**04/13/2018**

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

\_\_\_\_\_ Date