

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000137971

**Entity Name:** ASK EVE, LLC

**Current Principal Place of Business:**

14240 62ND STREET NORTH  
CLEARWATER, FL 33760

**Current Mailing Address:**

14240 62ND STREET NORTH  
CLEARWATER, FL 33760

**FEI Number:** 81-3351814

**Certificate of Status Desired:** No

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

SANFORD, KATHLEEN E  
14240 62ND STREET NORTH  
CLEARWATER, FL 33760 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 SANFORD, KATHLEEN E  
Address 14240 62ND STREET NORTH  
City-State-Zip: CLEARWATER FL 33760

Title AUTHORIZED MEMBER  
Name BELL, ELIZABETH ANN  
Address 14240 62ND STREET NORTH  
City-State-Zip: CLEARWATER FL 33760

Title AUTHORIZED MEMBER  
Name BELL, SALLE VIRGINIA  
Address 14240 62ND STREET NORTH  
City-State-Zip: CLEARWATER FL 33760

*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:** KATHLEEN E SANFORD

**MANAGER**

**03/29/2023**

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

\_\_\_\_\_  
Date