

**2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L19000095661

**Entity Name:** ASTRA SURVEYING, LLC**Current Principal Place of Business:**319 WEST TOWN PLACE, STE 25  
ST AUGUSTINE, FL 32092**Current Mailing Address:**319 WEST TOWN PLACE, STE 25  
ST AUGUSTINE, FL 32092 US**FEI Number:** 83-4389113**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CUTILLO, CHRISTIAN L  
413 EAST PARK AVE  
TALLAHASSEE, FL 32301 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 WATSON CIVIL CONSTRUCTION, INC.  
Address 319 WEST TOWN PLACE, STE 25  
City-State-Zip: ST AUGUSTINE FL 32092

Title P,T  
Name WATSON, JOHN D  
Address 319 WEST TOWN PLACE, STE 25  
City-State-Zip: ST AUGUSTINE FL 32092

Title VP  
Name LOPEZ-MORLOTE, DAGNI  
Address 319 WEST TOWN PLACE, STE 25  
City-State-Zip: ST AUGUSTINE FL 32092

Title VP  
Name PEPLINSKI, CRAIG J  
Address 319 WEST TOWN PLACE, STE 25  
City-State-Zip: ST AUGUSTINE FL 32092

Title AUTHORIZED REPRESENTATIVE  
Name HIRST, DAVID  
Address 319 WEST TOWN PLACE, STE 25  
City-State-Zip: ST AUGUSTINE FL 32092

*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:** JOHN WATSON**PRESIDENT****05/01/2020**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date