

2020 FLORIDA LIMITED LIABILITY COMPANY 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

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****02/10/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date