

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000220835

Entity Name: ASD PRECISION MEDICINE LLC

Current Principal Place of Business:

4520 CELESTIAL DRIVE
GRANT, FL 32949

Current Mailing Address:

4520 CELESTIAL DRIVE
GRANT, FL 32949

FEI Number: 85-0972059

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RIVIERE, JOSEPHINE
4520 CELESTIAL DRIVE
GRANT, FL 32949 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 STONESTREET, RONDA
Address 760 BARBERRY DRIVE
City-State-Zip: ALPHARETTA GA 30004

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: RONDA STONESTREET

MGR

05/07/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date