

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000176049

**Entity Name:** ASK KEASHA CONSULTING LLC

**Current Principal Place of Business:**

3402 APPLE RIDGE RD  
OCOEE, FL 34761

**Current Mailing Address:**

3402 APPLE RIDGE RD  
OCOEE, FL 34761 US

**FEI Number:** 85-1721097

**Certificate of Status Desired:** No

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

JONES-ELIASSAINT, MIKEASHA  
3402 APPLE RIDGE RD  
OCOEE, FL 34761 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           | CEO                        | Title           | MANAGER             |
| Name            | JONES-ELIASSAINT, MIKEASHA | Name            | ELIASSAINT, JOHNNY  |
| Address         | 3402 APPLE RIDGE RD        | Address         | 3402 APPLE RIDGE RD |
| City-State-Zip: | OCOEE FL 34761             | City-State-Zip: | OCOEE FL 34761      |

*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:** MIKEASHA JONES-ELIASSAINT

CEO

04/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date