

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000206929

Entity Name: ASURE WOUND SOLUTIONS LLC

Current Principal Place of Business:

20801 BISCAYNE BLVD.
SUITE 403-444
AVENTURA, FL 33180

Current Mailing Address:

20801 BISCAYNE BLVD.
SUITE 403-444
AVENTURA, FL 33180 US

FEI Number: 85-2276627

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEHRER, BINYOMIN
1202 NE 176TH TERRACE
NORTH MIAMI BEACH, FL 33162 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 AMBR
Name LEHRER, BINYOMIN
Address 1202 NE 176TH TERRACE
City-State-Zip: NORTH MIAMI BEACH FL 33162

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: BINYOMIN LEHRER

AMBR

03/03/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date