

**2022 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

01/31/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date