

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000206929

**Entity Name:** ASURE WOUND SOLUTIONS LLC

**Current Principal Place of Business:**

290 NW 165TH STREET  
SUITE P-250  
MIAMI, FL 33169

**Current Mailing Address:**

290 NW 165TH STREET  
SUITE P-250  
MIAMI, FL 33169 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

02/01/2024

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

\_\_\_\_\_ Date