

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000207618

**Entity Name:** ADVANCED SOLUTIONS PROPERTY MANAGEMENT, LLC.

**FILED**  
**Feb 19, 2024**  
**Secretary of State**  
**9804913722CC**

**Current Principal Place of Business:**

155 BARTRAM MARKET DRIVE  
SUITE 135, PMB 105  
SAINT JOHNS, FL 32259

**Current Mailing Address:**

155 BARTRAM MARKET DRIVE  
SUITE 135, PMB 105  
SAINT JOHNS, FL 32259 US

**FEI Number: 86-3644054**

**Certificate of Status Desired: Yes**

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

CEASER, MICHAEL  
1840 SOUTHSIDE BLVD  
STE 2A  
JACKSONVILLE, FL 32216 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 P  
Name WINDOM, MICHAEL  
Address 155 BARTRAM MARKET DRIVE  
SUITE 135, PMB 105  
City-State-Zip: SAINT JOHNS FL 32259

Title VP  
Name WINDOM, MICHELLE  
Address 155 BARTRAM MARKET DRIVE  
SUITE 135, PMB 105  
City-State-Zip: SAINT JOHNS FL 32259

*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: MICHAEL WINDOM**

**PRESIDENT**

**02/19/2024**

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

\_\_\_\_\_  
Date