

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000526339

**Entity Name:** ASK LOGISTICFL LLC

**Current Principal Place of Business:**

12808 CYPRESS SWAMP DR  
ORLANDO, FL 32824

**Current Mailing Address:**

12808 CYPRESS SWAMP DR  
ORLANDO, FL 32824 US

**FEI Number:** 87-4326470

**Certificate of Status Desired:** No

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

BASHIR, FAROOQUE  
12808 CYPRESS SWAMP DR  
ORLANDO, FL 32824 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           | AR                     | Title           | MGR                    |
| Name            | BASHIR, FAROOQUE       | Name            | BASHIR, KIRAN          |
| Address         | 12808 CYPRESS SWAMP DR | Address         | 12808 CYPRESS SWAMP DR |
| City-State-Zip: | ORLANDO FL 32824       | City-State-Zip: | ORLANDO FL 32824       |

*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:** FAROOQUE BASHIR

AR

01/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date