

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000522253

**Entity Name:** ASE STORE LLC

**Current Principal Place of Business:**

429 NE 5TH PLACE  
FLORIDA CITY, FL 33034

**Current Mailing Address:**

429 NE 5TH PLACE  
FLORIDA CITY, FL 33034

**FEI Number: 32-0755409**

**Certificate of Status Desired: Yes**

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

INCINOZA SANTELIS, ANDREA G  
6095 W 18TH AVE APT. S-321  
HIALEAH, FL 33012 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 AP  
Name INCINOZA SANTELIS, ANDREA G  
Address 6095 W 18TH AVE APT. S-321  
City-State-Zip: HIALEAH FL 33012

Title MGR  
Name SANTELIS, SAMANTHA  
Address 429 NE 5TH PLACE  
City-State-Zip: FLORIDA CITY FL 33034

Title MGR  
Name SANTELIZ, EVELIN  
Address 6095 W 18TH AVE APT. S-321  
City-State-Zip: HIALEAH FL 33012

*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: INCINOZA SANTELIS ANDREA GABRIELA**

**MANAGER**

**02/01/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date