

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1600009220

Entity Name: ASSOCIATED FACILITY MANAGEMENT, LLC

Current Principal Place of Business:

14141 SOUTHWEST FREEWAY
SUITE 477
SUGAR LAND, TX 77478-4630

Current Mailing Address:

14141 SOUTHWEST FREEWAY
SUITE 477
SUGAR LAND, TX 77478-4630 US

FEI Number: 76-0663705

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 TREASURER
Name KIM, SUSIE A.
Address 14141 SOUTHWEST FREEWAY
 SUITE 477
City-State-Zip: SUGAR LAND TX 77478-4630

Title VICE PRESIDENT - TAX
Name BIRT, CORY N.
Address 14141 SOUTHWEST FREEWAY
 SUITE 477
City-State-Zip: SUGAR LAND TX 77478-4630

Title SECRETARY
Name NEWBORN, ANDREA R.
Address 14141 SOUTHWEST FREEWAY
 SUITE 477
City-State-Zip: SUGAR LAND TX 77478-4630

Title PRESIDENT
Name MORRIS, MICHAEL
Address 14141 SOUTHWEST FREEWAY
 SUITE 477
City-State-Zip: SUGAR LAND TX 77478-4630

Title DIRECTOR
Name GIACOBBE, SCOTT J.
Address 14141 SOUTHWEST FREEWAY
 SUITE 477
City-State-Zip: SUGAR LAND TX 77478-4630

Title VICE PRESIDENT - TAX
Name AVANT, ROBERT G.
Address 14141 SOUTHWEST FREEWAY
 SUITE 477
City-State-Zip: SUGAR LAND TX 77478-4630

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: ROBERT G. AVANT

VICE PRESIDENT - TAX

04/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date