

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000010554

**Entity Name:** ASURION UBIF FRANCHISE, LLC

**Current Principal Place of Business:**

140 11TH AVE N  
NASHVILLE, TN 37203

**Current Mailing Address:**

140 11TH AVE N  
ATTN: LICENSING DEPT.  
NASHVILLE, TN 37203 US

**FEI Number:** 84-3089460

**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            PRESIDENT, CEO, MANAGER  
Name            MAGYERA, ANDREA  
Address        140 11TH AVE N  
                  ATTN: LICENSING DEPT.  
City-State-Zip: NASHVILLE TN 37203

Title            SVP, CFO, MANAGER  
Name            STADTHAUS, TIM  
Address        140 11TH AVE N  
City-State-Zip: NASHVILLE TN 37203

Title            VICE PRESIDENT AND ASSISTANT  
                  TREASURER  
Name            JENSON, JASON  
Address        140 11TH AVE N  
                  ATTN: LICENSING DEPT.  
City-State-Zip: NASHVILLE TN 37203

*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:** ANDREA MAGYERA

**MANAGER**

**03/27/2024**

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

\_\_\_\_\_  
Date