

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000004239

**FILED**  
**Apr 25, 2023**  
**Secretary of State**  
**5944844822CC**

**Entity Name:** ASA OPCO MANAGEMENT, LLC

**Current Principal Place of Business:**

4770 BISCAYNE BLVD.  
STE:1400  
MIAMI, FL 33137

**Current Mailing Address:**

4770 BISCAYNE BLVD.  
STE:1400  
MIAMI, FL 33137 US

**FEI Number:** 85-0893158

**Certificate of Status Desired:** No

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

WALTERS, ALAN S  
4770 BISCAYNE BLVD.  
STE:1400  
MIAMI, FL 33137 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 MGR  
Name BICKY, STEVEN  
Address 2745 N.E. 184TH WAY  
City-State-Zip: AVENTURA FL 33160

Title AP  
Name WALTERS, ALAN S  
Address 4770 BISCAYNE BLVD, STE:1400  
City-State-Zip: MIAMI FL 33137

Title MGR  
Name SOSKIN, ARYEH  
Address 4101 PINE TREE DRIVE, APT. 731  
City-State-Zip: MIAMI BEACH FL 33140

*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:** ALAN S. WALTERS

**AUTHORIZED  
REPRESENTATIVE**

**04/25/2023**

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

\_\_\_\_\_  
Date