

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000016307

**Entity Name:** ASI FLORIDA, LLC

**Current Principal Place of Business:**

11 SE SECOND AVE  
GAINESVILLE, FL 32601

**Current Mailing Address:**

11 SE SECOND AVE  
GAINESVILLE, FL 32601

**FEI Number:** 59-3745849

**Certificate of Status Desired:** No

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

RUSH, ROBERT A  
11 SE SECOND AVE  
GAINESVILLE, FL 32601 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	Title	AMBR
Name	RUSH, ROBERT A	Name	VOGEL, NIKKIE CLARK
Address	11 SE SECOND AVE	Address	11 SE 2ND AVE
City-State-Zip:	GAINESVILLE FL 32601	City-State-Zip:	GAINESVILLE FL 32601

*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 RUSH

MEMBER

01/26/2023

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

\_\_\_\_\_ Date