

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000056437

Entity Name: ASDOURIAN, LLC**Current Principal Place of Business:**4877 NW 114TH CT
DORAL, FL 33178**Current Mailing Address:**4877 NW 114TH CT
DORAL, FL 33178 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FRANKLIN LAW GROUP, PA
8181 NW 154 ST, SUITE 120
MIAMI LAKES, FL 33016 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	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	ASDOURIAN, ARMEN Y.	Name	ASDOURIAN, ZOHRAB
Address	4877 NW 114 CT	Address	4877 NW 114 CT
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

Title	AUTHORIZED MEMBER
Name	KECHICHIAN, DOROTHY V.A.
Address	4877 NW 114 CT
City-State-Zip:	DORAL FL 33178

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: ARMEN YEGHIA ASDOURIAN

AUTHORIZED MEMBER

01/03/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date