

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000058752

**Entity Name:** ASR CANADA HOLDING COMPANY, LLC**Current Principal Place of Business:**ONE NORTH CLEMATIS STREET, SUITE 200  
WEST PALM BEACH, FL 33401**Current Mailing Address:**ONE NORTH CLEMATIS STREET, SUITE 200  
WEST PALM BEACH, FL 33401**FEI Number:** 45-5186048**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TABERNILLA, ARMANDO A  
ONE NORTH CLEMATIS STREET, SUITE 200  
WEST PALM BEACH, FL 33401 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, VICE PRESIDENT &  
SECRETARY  
Name TABERNILLA, ARMANDO A  
Address ONE NORTH CLEMATIS STREET,  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title PRESIDENT, MANAGER  
Name BUENAVENTURA, GABRIEL  
Address ONE NORTH CLEMATIS STREET,  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title VICE PRESIDENT AND TREASURER  
Name HARKINS, LAURA G.  
Address 1 FEDERAL STREET  
City-State-Zip: YONKERS NY 10705

Title MGR, VP, TAXATION  
Name ZUKOWSKI, PHILIP M  
Address ONE NORTH CLEMATIS STREET,  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title ASSISTANT SECRETARY  
Name VINAJERAS, MAGGIE C.  
Address ONE NORTH CLEMATIS STREET,  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** ARMANDO A. TABERNILLA

VICE PRESIDENT

03/15/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date