

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000064229

**Entity Name:** A2Z ASSET SOLUTIONS LLC

**Current Principal Place of Business:**

11250 OLD ST AUGUSTINE ROAD  
15-252  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

11250 OLD ST AUGUSTINE ROAD  
15-252  
JACKSONVILLE, FL 32257 US

**FEI Number:** 82-0930740

**Certificate of Status Desired:** No

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

RATHORE, SAMIR  
11250 OLD ST AUGUSTINE ROAD  
15-252  
JACKSONVILLE, FL 32257 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 RATHORE, SAMIR  
Address 11250 OLD ST AUGUSTINE ROAD  
City-State-Zip: JACKSONVILLE FL 32257

Title MGR  
Name GAHALAUT, SHWETA  
Address 11250 OLD ST AUGUSTINE ROAD  
City-State-Zip: JACKSONVILLE FL 32257

Title MANAGING MEMBER  
Name RATHORE, SAKSHAM  
Address 11250 OLD ST AUGUSTINE ROAD  
15-252  
City-State-Zip: JACKSONVILLE FL 32257

*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: SAMIR RATHORE**

**MANAGER**

**04/19/2023**

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

\_\_\_\_\_  
Date