

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L17000253426

Entity Name: ASI FLORIDA GROUP LLC**Current Principal Place of Business:**2307 WEST CLOVELLY LN
SAINT AUGUSTINE, FL 32092**Current Mailing Address:**2307 WEST CLOVELLY LN
SAINT AUGUSTINE, FL 32092 US**FEI Number:** 82-3682340**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BANSAL, SUSHIL K
2307 WEST CLOVELLY LN
SAINT AUGUSTINE, FL 32092 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	THE BANSAL TRUST	Name	THE ARORA TRUST
Address	2307 WEST CLOVELLY LN	Address	9027 HAMPTON LANDING DR. EAST
City-State-Zip:	SAINT AUGUSTINE FL 32092	City-State-Zip:	JACKSONVILLE FL 32256
Title	AUTHORIZED MEMBER		
Name	ARVIND KUMAR BANSAL REVOCABLE TRUST		
Address	192 SOMERSLY PL		
City-State-Zip:	LEXINGTON KY 40515		

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: SUSHIL BANSAL**MANAGER****06/24/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date