

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000083555

**Entity Name:** ASA MEDICARE AND INSURANCE GROUP LLC

**Current Principal Place of Business:**

1051 NW 124TH TER  
SUNRISE, FL 33323

**Current Mailing Address:**

1051 NW 124TH TER  
SUNRISE, FL 33323 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BERCOWICZ, SAPPHERE  
1051 NW 124TH TER  
SUNRISE, FL 33323 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 BERCOWICZ, ADAM  
Address 1051 NW 124TH TER  
City-State-Zip: SUNRISE FL 33323

*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:** ADAM BERCOWICZ

MGR

02/10/2021

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

\_\_\_\_\_ Date