

2022 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, SAPPHIRE
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

04/22/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date