

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000142357

**Entity Name:** ARCHITECTURAL & STRUCTURAL DEMOLITION, LLC

**Current Principal Place of Business:**

2351 DELAWARE DR  
MELBOURNE, FL 32935

**Current Mailing Address:**

2351 DELAWARE DR  
MELBOURNE, FL 32935 UN

**FEI Number: 85-2984275**

**Certificate of Status Desired: No**

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

SCHAEFFER, SHANE  
2351 DELAWARE DR.  
MELBOURNE, FL 32935 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: SHANE SCHAEFFER**

**04/25/2023**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                    |                 |                    |
|-----------------|--------------------|-----------------|--------------------|
| Title           | AMBR               | Title           | AMBR               |
| Name            | EDSON, RICHARD     | Name            | SCHAEFFER, SHANE   |
| Address         | 4097 FOUR LAKES DR | Address         | 2351 DELAWARE DR   |
| City-State-Zip: | MELBOURNE FL 32940 | City-State-Zip: | MELBOURNE FL 32935 |

Title ADMINISTRATION ASSISTANT  
Name EDSON , LEANNE M  
Address 4097 FOUR LAKES DR  
City-State-Zip: MELBOURNE FL 32940

*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: EDSON , LEANNE M**

**ADMIN ASSIST**

**04/25/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date