

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000236411

**Entity Name:** AS I FIND IT LLC

**Current Principal Place of Business:**

2774 EAST COLONIAL DRIVE  
#1061  
ORLANDO, FL 32803

**Current Mailing Address:**

2774 EAST COLONIAL DRIVE  
#1061  
ORLANDO, FL 32835 US

**FEI Number:** 85-2549746

**Certificate of Status Desired:** No

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

ZENBUSINESS INC.  
336 E. COLLEGE AVE.  
SUITE 301  
TALLAHASSEE, FL 32301 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            AMBR  
Name            BUTLER, DENNIS S  
Address        4555 VILLAGE WOOD DRIVE  
City-State-Zip: ORLANDO FL 32835

Title            AMBR  
Name            BUTLER, WILLIAM H  
Address        3201 LAKE MARGARET DRIVE  
City-State-Zip: ORLANDO FL 32806

Title            AMBR  
Name            BUTLER, PETER S  
Address        3803 LAKE SARAH DR  
City-State-Zip: ORLANDO FL 32804

Title            AMBR  
Name            BUTLER, SHANE P  
Address        4821 SOUTH FERN CREEK AVENUE  
City-State-Zip: ORLANDO FL 32806

*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:** PETER BUTLER

**PARTNER**

**03/12/2024**

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

\_\_\_\_\_  
Date