

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000248670

**Entity Name:** ASI ERRANDS LLC

**Current Principal Place of Business:**

8390 SW 65 AVE  
APT. #R10  
MIAMI, FL 33143

**FILED**  
**Mar 19, 2024**  
**Secretary of State**  
**5768466385CC**

**Current Mailing Address:**

8390 SW 65 AVE  
APT. #R10  
MIAMI, FL 33143

**FEI Number:** 85-3191995

**Certificate of Status Desired:** No

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

RAMOS, ANGELICA  
8390 SW 65 AVE  
APT. #R10  
MIAMI, FL 33143 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 RAMOS, ANGELICA  
Address 8390 SW 65 AVE APT. R10  
City-State-Zip: MIAMI FL 33143

*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:** ANGELICA RAMOS

MGR

03/19/2024

\_\_\_\_\_

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_

Date