

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000405615

Entity Name: ASTA HEALTH LABS, LLC

Current Principal Place of Business:

20250 NW 71 CT
MICANOPY, FL 32667

Current Mailing Address:

20250 NW 71 CT
MICANOPY, FL 32667 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARRY, WILLIAM
20250 NW 71ST CT
MICANOPY, FL 32667 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 BARRY, WILLIAM
Address 20250 NW 71ST CT
City-State-Zip: MICANOPY FL 32667

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: WILLIAM BARRY

MGR

02/15/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date