

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000405615

Entity Name: ASTA HEALTH LABS, LLC

Current Principal Place of Business:

1219 N LAKESIDE DR.
LAKE WORTH BEACH, FL 33460

Current Mailing Address:

1219 N LAKESIDE DR.
LAKE WORTH BEACH, FL 33460 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BARRY, WILLIAM
1219 N LAKESIDE DR.
LAKE WORTH BEACH, FL 33460 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 1219 N LAKESIDE DR.
City-State-Zip: LAKE WORTH BEACH FL 33460

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 H. BARRY

PRINCIPAL

01/26/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date