## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000112616

Entity Name: A & S NON EMS MEDICAL TRANSPORTATION LLC

**Current Principal Place of Business:** 

13624 SW 81STCIRCLE OCALA, FL 34473

**Current Mailing Address:** 

13624 SW 81STCIRCLE OCALA. FL 34473

FEI Number: 93-1487351 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAITRE, ACHIL 13624 SW 81STCIRCLE OCALA, FL 34473 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

**FILED** Apr 17, 2024

**Secretary of State** 

4735815493CC

Authorized Person(s) Detail:

Title **AMBR** Title

MAITRE, ACHIL Name MAITRE, MARIE IMMACULA S Name

**AMBR** 

13624 SW 81ST CIRCLE Address 15075 SW 39TH CIRCLE Address

City-State-Zip: OCALA FL 34473 City-State-Zip: OCALA FL 34473

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.

04/17/2024 SIGNATURE: ACHIL MAITRE **AMBR**