| FEI Number:                                    |  |                                      |                                       |            |
|--|--|--------------------------------------|---------------------------------------|------------|
| FEI Number: 86-2487270                         |  |                                      | Certificate of Status Desired: No     |            |
| Name and Ad                                    | Idress of Current Registered Ager                    | nt:                                  |                                       |            |
| LEWIS, LINDA<br>4520 IDLEWOOD<br>PENSACOLA, FL |  |                                      |                                       |            |
| The above named $\epsilon$                     | entity submits this statement for the purpose of cha | nging its registered office or regis | tered agent, or both, in the State of | Florida.   |
| SIGNATURE: LINDA LEWIS                         |  |                                      |                                       | 04/29/2021 |
|  | Electronic Signature of Registered Agent             |                                      |                                       | Date       |
| Authorized P                                   | erson(s) Detail :                                    |                                      |                                       |            |
| Title  | AMBR   | Title                                | MGR                                   |            |
| Name   | EVANS, VONTERIEZ                                     | Name                                 | JOHNSON, LUKE                         |            |
| Address  | 4520 IDLEWOOD DR                                     | Address                              | 4520 IDLEWOOD DR                      |            |
| City-State-Zip:                                | PENSACOLA FL 32506                                   | City-State-Zip:                      | PENSACOLA FL 32506                    |            |

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: VONTERIEZ EVANS

AMBR

04/29/2021

**Current Mailing Address:** 

4520 IDLEWOOD DR PENSACOLA EL 32506 LIS

## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L19000210544

Entity Name: ASSETS OVER LIABILITIES LLC

## **Current Principal Place of Business:**

4520 IDLEWOOD DR PENSACOLA, FL 32506

Apr 29, 2021 **Secretary of State** 1242346347CC

FILED

Electronic Signature of Signing Authorized Person(s) Detail

Date