that my name appears above, or on an attachment with all other like empowered. SIGNATURE: GULAM FAZEL MANAGING MEMBER

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

**Current Principal Place of Business: 103 COMMERCE STREET** SUITE 170 LAKE MARY, FL 32746

### **Current Mailing Address:**

DOCUMENT# L20000254854

P O BOX 950219 LAKE MARY, FL 32795 US

#### FEI Number: 85-2583091

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

Entity Name: ASSET & INCOME PROTECTION, LLC

FAZEL, GULAM **103 COMMERCE STREET** SUITE 170 LAKE MARY, FL 32746 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

## Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	FAZEL, GULAM	Name	FAZEL, ZOHRA
Address	103 COMMERCE STREET, SUITE 170	Address	1000 POSTAL ROAD, UNIT 90701
City-State-Zip:	LAKE MARY FL 32746	City-State-Zip:	ALLENTOWN PA 18109

# 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 28, 2021 Secretary of State 3138794295CC

Date

Certificate of Status Desired: No

01/28/2021 Date