

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000296414

**FILED**  
**Jan 31, 2022**  
**Secretary of State**  
**3048205777CC**

**Entity Name:** PHOENIX ASSET MGMT LLC

**Current Principal Place of Business:**

677 N WASHINGTON BLVD - STE 22  
SARASOTA, FL 34236

**Current Mailing Address:**

677 N WASHINGTON BLVD - STE 22  
SARASOTA, FL 34236 US

**FEI Number:** 87-1614844

**Certificate of Status Desired:** No

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

MIND YOUR BUSINESS LLC  
677 N WASHINGTON BLVD - STE 22  
SARASOTA, FL 34236 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                                | Title           | MGR                                |
| Name            | LISA, ZALEWSKI                     | Name            | ZALEWSKI, CHUCK                    |
| Address         | 677 N WASHINGTON BLVD<br>SUITE #22 | Address         | 677 N WASHINGTON BLVD<br>SUITE #22 |
| City-State-Zip: | SARASOTA FL 34236                  | City-State-Zip: | SARASOTA FL 34236                  |

*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:** CHUCK ZALEWSKI

**MGR**

**01/31/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date