

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000014413

**Entity Name:** ASSET ADVISORS, LLC

**Current Principal Place of Business:**

77 BAYBRIDGE OFFICE PARK  
GULF BREEZE, FL 32561

**Current Mailing Address:**

PO BOX 99  
GULF BREEZE, FL 32562 US

**FEI Number:** 55-0827878

**Certificate of Status Desired:** No

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

LYONS, MARK III  
77 BAYBRIDGE OFFICE PARK  
GULF BREEZE, FL 32561 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 AMGR  
Name LYONS, MARK III  
Address P O BOX 99  
City-State-Zip: GULF BREEZE FL 32562

Title MGR  
Name LYONS, W. BROOKS  
Address P O BOX 99  
City-State-Zip: GULF BREEZE FL 32562

*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:** MARK LYONS III

AMGR

05/25/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date