

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000116874

**Entity Name:** MY ASSETS HOLDING, LLC

**Current Principal Place of Business:**

5209 SAN JOSE BOULEVARD  
SUITE 101  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

5209 SAN JOSE BOULEVARD  
SUITE 101  
JACKSONVILLE, FL 32207 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

APOL, PETER  
5209 SAN JOSE BOULEVARD  
SUITE 101  
JACKSONVILLE, FL 32207 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  
Name APOL, PETER  
Address 5209 SAN JOSE BOULEVARD  
SUITE 101  
City-State-Zip: JACKSONVILLE FL 32207

*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:** PETER APOL

05/27/2020

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

\_\_\_\_\_  
Date