

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000116874

Entity Name: MY ASSETS HOLDING, LLC

Current Principal Place of Business:

245 LANE AVENUE NORTH
JACKSONVILLE, FL 32254

Current Mailing Address:

245 LANE AVENUE NORTH
JACKSONVILLE, FL 32254 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

APOL, PETER
245 LANE AVENUE NORTH
JACKSONVILLE, FL 32254 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 245 LANE AVENUE NORTH
City-State-Zip: JACKSONVILLE FL 32254

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

MGR

04/28/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date