

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000005573

**Entity Name:** DESTINY BUSINESS ASSETS LLC**Current Principal Place of Business:**217 N UPPER ST  
LEXINGTON, KY 40507**Current Mailing Address:**217 N UPPER ST  
LEXINGTON, KY 40507 US**FEI Number:** 83-4257772**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KRAMER, DAVID H  
13221 SE 97TH TERRACE RD  
SUMMERFIELD, FL 34491 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	MBR
Name	MORRIS, SHARON K
Address	4318 WILSON LAKE LN
City-State-Zip:	LEXINGTON KY 40516

Title	MBR
Name	MORRIS, R.A.
Address	4318 WILSON LAKE LN
City-State-Zip:	LEXINGTON KY 40516

Title	MBR
Name	MORRIS, JAMES M
Address	4392 WILSON LAKE LN
City-State-Zip:	LEXINGTON KY 40516

Title	MBR
Name	MORRIS, STEPHANIE L
Address	4392 WILSON LAKE LN
City-State-Zip:	LEXINGTON KY 40516

*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:** SHARON K. MORRIS**MEMBER****04/01/2020**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date