

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000004177

**Entity Name:** 505 ASSET MANAGEMENT LLC

**Current Principal Place of Business:**

505 INDEPENDENCE PARKWAY  
SUITE 300  
CHESAPEAKE, VA 23320

**Current Mailing Address:**

505 INDEPENDENCE PARKWAY  
SUITE 300  
CHESAPEAKE, VA 23320 US

**FEI Number:** 86-2524096

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           | P                                      |
| Name            | CDYNE CORPORATION                      | Name            | SANDERS, JOHN                          |
| Address         | 505 INDEPENDENCE PARKWAY,<br>SUITE 300 | Address         | 505 INDEPENDENCE PARKWAY,<br>SUITE 300 |
| City-State-Zip: | CHESAPEAKE VA 23320                    | City-State-Zip: | CHESAPEAKE VA 23320                    |

*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:** JOSEPH FOILES

LICENSING  
ADMINISTRATOR

04/08/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date