

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000009928

**Entity Name:** ANNYA, LLC**Current Principal Place of Business:**9 CARD SOUND DR.  
KEY LARGO, FL 33037**Current Mailing Address:**29 WRIGHT ACRES RD  
BEDFORD, NH 03110 US**FEI Number:** 80-0144386**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NICHOLAS, CSENDES  
9 CARD SOUND DR.  
KEY LARGO, FL 33037 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           | MGRM                         | Title           | MGRM                 |
| Name            | CSENDES, NICHOLAS            | Name            | CSENDES, MARLENE     |
| Address         | 9 CARD SOUND DR.             | Address         | 9 CARD SOUND DR.     |
| City-State-Zip: | KEY LARGO FL 33037           | City-State-Zip: | KEY LARGO FL 33037   |
| Title           | AUTHORIZED MEMBER, TREASURER | Title           | AUTHORIZED MEMBER    |
| Name            | RICARD, EMILY                | Name            | CSENDES, CHRISTOPHER |
| Address         | 325 PLEASANT ST              | Address         | 27 TABOR HILL RD     |
| City-State-Zip: | CONCORD NH 03301             | City-State-Zip: | LINCOLN MA 01773     |
| Title           | MANAGER, AUTHORIZED MEMBER   |                 |                      |
| Name            | CSENDES, ROBERT              |                 |                      |
| Address         | 29 WRIGHT ACRES RD           |                 |                      |
| City-State-Zip: | BEDFORD NH 03110             |                 |                      |

*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:** EMILY RICARD**MEMBER, TREASURER****07/27/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date