

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000107267

**Entity Name:** ANP-4, LLC

**Current Principal Place of Business:**

19440 SPRING OAK DRIVE  
EUSTIS, FL 32736

**Current Mailing Address:**

19440 SPRING OAK DRIVE  
EUSTIS, FL 32736 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

PATEL, SHIVON ESQ.  
7025 CR 46A, SUITE 1071  
PMB 353  
LAKE MARY, FL 32746 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	MANAGER	Title	MANAGER
Name	PATEL, DILIPKUMAR A	Name	PATEL, MINAXSHI D
Address	19440 SPRING OAK DRIVE	Address	19440 SPRING OAK DRIVE
City-State-Zip:	EUSTIS FL 32736	City-State-Zip:	EUSTIS FL 32736

*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:** DILIPKUMAR PATEL

**MANAGER**

**01/23/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date