

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 31, 2018
Secretary of State
CC1710683894

Entity Name: ANTISNOR LLC

Current Principal Place of Business:

8/8 FORTITUDE CRESCENT, BURLEIGH HEADS
GOLD COAST
QUEENSLAND, XX 4220

Current Mailing Address:

PO BOX 277
NOBBY BEACH
GOLD COAST, QUEENSLAND 4218 AU

FEI Number: 82-3664697

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
515 EAST PARK AVENUE
2ND FLOOR
TALLAHASSEE, FL 32301 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 AMBR
Name ATQOL PTY LTD
Address 8/8 FORTITUDE CRESCENT,
BURLEIGH HEADS
GOLD COAST
City-State-Zip: QUEENSLAND 4220

Title DP
Name FITZPATRICK, KEVIN M
Address 8/8 FORTITUDE CRESCENT,
BURLEIGH HEADS
GOLD COAST
City-State-Zip: QUEENSLAND 4220

Title DS
Name NIGHTINGALE, KAREN C
Address 8/8 FORTITUDE CRESCENT,
BURLEIGH HEADS
GOLD COAST
City-State-Zip: QUEENSLAND 4220

Title D
Name MAPLEDORAM, JAMES P
Address 8/8 FORTITUDE CRESCENT,
BURLEIGH HEADS
GOLD COAST
City-State-Zip: QUEENSLAND 4220

Title CEO
Name FITZPATRICK, FIONA M
Address 8/8 FORTITUDE CRESCENT,
BURLEIGH HEADS
GOLD COAST
City-State-Zip: QUEENSLAND 4220

Title D
Name POLLASKY, MARK L
Address 8/8 FORTITUDE CRESCENT,
BURLEIGH HEADS
City-State-Zip: GOLD COAST, QUEENSLAND 4220

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: FIONA FITZPATRICK

CEO

01/31/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date