## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000048630

Entity Name: AN FAMILY TRUST, LLC

**Current Principal Place of Business:** 

4661 FOUNTAINS DR. S.

UNIT 209

LAKE WORTH, FL 33467

**Current Mailing Address:** 

4661 FOUNTAINS DR. S.

**UNIT 209** 

LAKE WORTH, FL 33467

FEI Number: 30-0734697 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NAMAIANDEH, ANGELA S 4661 FOUNTAINS DR. S. UNIT 209

LAKE WORTH, FL 33467 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

FILED Mar 29, 2017

**Secretary of State** 

CC0637263179

## Authorized Person(s) Detail:

Title MGR

Name NAMAIANDEH, ANGELA S

Address 4661 FOUNTAINS DR. S. UNIT 209

City-State-Zip: LAKE WORTH FL 33467

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.