

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000127922

**Entity Name:** AN TRA, LLC

**Current Principal Place of Business:**

400 ISLAND WAY  
1505  
CLEARWATER, FL 33767

**Current Mailing Address:**

400 ISLAND WAY  
1505  
CLEARWATER, FL 33767 US

**FEI Number:** 46-1173259

**Certificate of Status Desired:** No

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

MAGNER , MICHAEL R  
400 ISLAND WAY  
1505  
CLEARWATER, FL 33767 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:** MICHAEL R. MAGNER

02/12/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MICHAEL R. MAGNER REVOCABLE  
TRUST INDENTURE  
Address 400 ISLAND WAY  
#1505  
City-State-Zip: CLEARWATER FL 33767

Title MANAGING MEMBER  
Name MICHAEL R. MAGNER REVOCABLE  
TRUST INDENTURE  
Address 400 ISLAND WAY  
1505  
City-State-Zip: CLEARWATER FL 33767

*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:** MICHAEL R. MAGNER

MANAGER

02/12/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date