

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000166377

**Entity Name:** VANOVACTIONS LLC

**Current Principal Place of Business:**

12114 CEDAR TRACE DR. S  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

12114 CEDAR TRACE DR. S  
JACKSONVILLE, FL 32246 US

**FEI Number:** 46-4216648

**Certificate of Status Desired:** No

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

TRAN, VAN B  
12114 CEDAR TRACE DR. S  
JACKSONVILLE, FL 32246 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 MGR  
Name TRAN, VAN  
Address 12114 CEDAR TRACE DR. S  
City-State-Zip: JACKSONVILLE VA 32246

*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:** VAN TRAN

**MANAGER**

**04/19/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date