

2017 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

03/20/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date