

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000048317

Entity Name: AN BANG GROUP LLC

Current Principal Place of Business:

510 EAST MILLER STREET
FRUITLAND PARK, FL 34731

FILED
May 07, 2020
Secretary of State
4916192925CC

Current Mailing Address:

5001 CELEBRATION POINTE AVE
SUITE 100
GAINESVILLE, FL 32608 US

FEI Number: 47-3472378

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LE, KHOA M
5001 CELEBRATION POINTE AVE
SUITE 100
GAINESVILLE, FL 32608 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 LE, BIEU M
Address 4301 EMMAUS ROAD
City-State-Zip: FRUITLAND PARK FL 34731

Title AMBR
Name LE, CRISTINA L
Address 2202 NICOLLETT WAY
City-State-Zip: LEESBURG FL 34748

Title AMBR
Name NGUYEN, CINDY
Address 2127 AITKING LOOP
City-State-Zip: LEESBURG FL 34748

Title AMBR
Name HO, LAP V
Address 89 HILLCREST TRLR COURT
City-State-Zip: TAYLORVILLE IL 62568

Title AMBR
Name HO, SAM Q
Address 3825 LAKE DRIVE
City-State-Zip: TAYLORVILLE IL 62568

Title AMBR
Name VAN, THANH C
Address 12419 77TH PLACE N
City-State-Zip: WEST PALM BEACH FL 33412

Title MANAGER
Name KHOA, LE M
Address 4877 NE 122ND AVE
City-State-Zip: OXFORD FL 34484

Title AUTHORIZED MEMBER
Name DANG, DIEU D
Address 210 HIGHWAY 466
City-State-Zip: LADY LAKE FL 32159

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: KHOA LE

MANAGER

05/07/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date