

**2021 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**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****04/30/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date