

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105792

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**Entity Name:** ANC ON-LINE SERVICES GROUP, LLC

**Current Principal Place of Business:**

5554 RIVA RIDGE DRIVE  
WESLEY CHAPEL, FL 33544 US

**New Principal Place of Business:**

**Current Mailing Address:**

27251 STATE ROAD 54  
PO BOX 303  
WESLEY CHAPEL, FL 33543 US

**New Mailing Address:**

27251 STATE ROAD 54, PMB 303  
WESLEY CHAPEL, FL 33543 US

**FEI Number:** 11-3670952

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAVENDER, KYLE  
873 WEST BAY DRIVE  
#105  
LARGO, FL 33770 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DEOCAMPO, DENNIS  
Address: 27251 STATE ROAD 54, PO BOX 303  
City-St-Zip: WESLEY CHAPEL, FL 33543 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DEOCAMPO, DENNIS  
Address: 27251 STATE ROAD 54, PMB 303  
City-St-Zip: WESLEY CHAPEL, FL 33544 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** DENNIS DEOCAMPO

MGRM

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date