

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006606

FILED  
May 01, 2012  
Secretary of State

Entity Name: XUAN AN, LLC

**Current Principal Place of Business:**

11922 WANDSWORTH DRIVE  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

11922 WANDSWORTH DRIVE  
TAMPA, FL 33626

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

NGUYEN, THANH MY T.  
11933 WANDSWORTH DRIVE  
TAMPA, FL 33626    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: MGR  
Name: NGUYEN, NUOC  
Address: 11933 WANDSWORTH DR  
City-St-Zip: TAMPA, FL 33626 US

Title: MGRM  
Name: NGUYEN, PHU TRONG  
Address: 11933 WANDSWORTH DRIVE  
City-St-Zip: TAMPA, FL 33626

Title: MGRM  
Name: NGUYEN, DE THI  
Address: 11933 WANDSWORTH DRIVE  
City-St-Zip: TAMPA, FL 33626

Title: MGRM  
Name: TON, DIEP TN  
Address: 11933 WANDSWORTH DR  
City-St-Zip: TAMPA, FL 33626 US

Title: MGRM  
Name: TRAN, TUAN ANH  
Address: 11933 WANDSWORTH DRIVE  
City-St-Zip: TAMPA, FL 33626

Title: MGRM  
Name: NGUYEN, THANH MY T  
Address: 11933 WANDSWORTH DRIVE  
City-St-Zip: TAMPA, FL 33626

I hereby 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: NUOC NGUYEN

MGR

05/01/2012

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