

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000033130

Entity Name: A & N ON ROUTE LLC

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

9020 SE FARM ROAD  
LEE, FL 32059

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 36  
JENNINGS, FL 32053

**New Mailing Address:**

9020 SE FARM ROAD  
LEE, FL 32059

FEI Number: 26-2310209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHACON, NILO  
9020 SE FARM ROAD  
LEE, FL 32059 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  
Name: NILO, CHACON  
Address: 9020 SE FARM ROAD  
City-St-Zip: LEE, FL 32059

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: NILO CHACON

MGRM

03/03/2010

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