

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000058322

Entity Name: ANB CAPITAL LLC

**FILED**  
**Oct 14, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

168 WILLOW FALLS TRAIL  
PONTE VEDRA, FL 32081

**New Principal Place of Business:**

**Current Mailing Address:**

168 WILLOW FALLS TRAIL  
PONTE VEDRA, FL 32081

**New Mailing Address:**

FEI Number: 26-2870430      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BACUS, JIM  
4913 NW 55TH STREET  
GAINESVILLE, FL 32653      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: JIM BACUS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: BACUS, AARON  
Address: 9312 SHOUSE DRIVE  
City-St-Zip: VIENNA, VA 22182

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: BACUS, AARON  
Address: 168 WILLOW FALLS TRAIL  
City-St-Zip: PONTE VEDRA, FL 32081

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: AARON BACUS

MGR

10/14/2009

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