

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000004118

Entity Name: ANNALICE LLC

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2107 HAMMOCK PARK CT  
TRINITY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

2107 HAMMOCK PARK CT  
TRINITY, FL 34655

**New Mailing Address:**

FEI Number: 80-0340520

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SCOTT, DOREEN M  
2107 HAMMOCK PARK CT  
TRINITY, FL 34655 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: PRES  
Name: SCOTT, DOREEN M  
Address: 2107 HAMMOCK PARK CT  
City-St-Zip: TRINITY, FL 34655

Title: ADM  
Name: CARUANA, MIKA L  
Address: 9009 NORTHCLIFFE BLVD.  
City-St-Zip: SPRING HILL, FL 34606

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: DOREEN SCOTT

PRES

04/18/2012

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