

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000083143

Entity Name: ANA'S BEST ASSETS, LLC

**FILED**  
**Sep 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

213 THORNLOE DRIVE  
ST JOHNS, FL 32259

**New Principal Place of Business:**

141 CARDEN PLACE  
ST JOHNS, FL 32259

**Current Mailing Address:**

213 THORNLOE DRIVE  
ST JOHNS, FL 32259

**New Mailing Address:**

141 CARDEN PLACE  
ST JOHNS, FL 32259

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

MCCANN, ANA  
213 THORNLOE DRIVE  
ST JOHNS, FL 32259 US

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

MCCANN, ANA  
141 CARDEN PLACE  
ST JOHNS, FL 32259 US

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: ANA MCCANN

09/28/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MCCANN, ANA  
Address: 141 CARDEN PLACE  
City-St-Zip: ST JOHNS, FL 32259

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: ANA MCCANN

MGR

09/28/2012

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