

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000126315

Entity Name: ANAM PARC, LLC

FILED
Mar 26, 2012
Secretary of State

Current Principal Place of Business:

4294 TANGLEWILDE DR S
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

6484 N COUNTY RD 1320 E
CHARLESTON, IL 61920 US

New Mailing Address:

FEI Number: 45-3748578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUART, GAINES
3604 CARDINAL POINT DR
JACKSONVILLE, FL 32257 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: JASON R. GOWIN REV TRUST U/A DTD 8/27/09
Address: 6484 N COUNTY RD 1320 E
City-St-Zip: CHARLESTON, IL 61920 US

Title: MGRM
Name: THERESA S. GOWIN REV TRUST U/A DTD 8/27/09
Address: 6484 N COUNTY RD 1320 E
City-St-Zip: CHARLESTON, IL 61920 US

Title: MGRM
Name: MARINELLI, BERNICE
Address: 7431 E STATE ST #253
City-St-Zip: ROCKFORD, IL 61108 US

Title: MGRM
Name: GAINES, STUART
Address: 7431 E STATE ST #253
City-St-Zip: ROCKFORD, IL 61108 US

Title: MGRM
Name: GLAVICH, JAMIE
Address: 3604 CARDINAL POINT DR
City-St-Zip: JACKSONVILLE, FL 32257 US

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: JASON GOWIN

MGR

03/26/2012

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