

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000126315

Entity Name: ANAM PARC, LLC**Current Principal Place of Business:**4294 TANGLEWILDE DR S
JACKSONVILLE, FL 32257**Current Mailing Address:**6484 N COUNTY RD 1320 E
CHARLESTON, IL 61920 US**FEI Number:** 45-3748578**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STUART, GAINES
80 SURFVIEW DRIVE #501
PALM COAST, FL 32137 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGRM
Name	JASON R. GOWIN REV TRUST U/A DTD 8/27/09
Address	6484 N COUNTY RD 1320 E
City-State-Zip:	CHARLESTON IL 61920

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

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

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

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

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JASON R. GOWIN**MEMBER****04/10/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date