

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000083926

**Entity Name:** ANTHONY OWENS AND ASSOCIATES, LLC

**Current Principal Place of Business:**

662 LAKE CHARLES DR  
DAVENPORT, FL 33837

**Current Mailing Address:**

PO BOX 2131  
DAVENPORT, FL 33836

**FEI Number: 36-4764169**

**Certificate of Status Desired: No**

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

OWENS, ANTHONY MR.  
662 LAKE CHARLES DR.  
DAVENPORT, FL 33837 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            MGR  
Name            OWENS, ANTHONY MR.  
Address        662 LAKE CHARLES DR.  
City-State-Zip: DAVENPORT FL 33837

*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: ANTHONY OWENS**

**PRESIDENT**

**06/20/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date