

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000060906

Entity Name: ANTHONY D FACKENDER LLC

Current Principal Place of Business:

24418 NW 86TH PL
ALACHUA, FL 32615

Current Mailing Address:

24418 NW 86TH PL
ALACHUA, FL 32615

FEI Number: 81-2037797

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FACKENDER, ANTHONY D
24418 NW 86TH PLACE
ALACHUA, FL 32615 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 FACKENDER, ANTHONY D
Address 24418 NW 86TH PLACE
City-State-Zip: ALACHUA FL 32615

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: FACKENDER ANTHONY

MGR

03/23/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date