

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000010637

**Entity Name:** A.ANTHONY, LLC**Current Principal Place of Business:**2400 YORKMONT RD.  
CHARLOTTE, NC 28217**Current Mailing Address:**2400 YORKMONT RD.  
TAX DEPT  
CHARLOTTE, NC 28217 US**FEI Number:** 22-3699713**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:**

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Electronic Signature of Registered Agent

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Date**Authorized Person(s) Detail :**

|                 |                          |
|-----------------|--------------------------|
| Title           | AP                       |
| Name            | ROSSITCH, RICHARD        |
| Address         | 2400 YORKMONT RD.        |
| City-State-Zip: | CHARLOTTE NC 28217       |
| Title           | MGR                      |
| Name            | HARJES, HEATHER          |
| Address         | 1500 LIBERTY RIDGE DR.   |
| City-State-Zip: | WAYNE PA 19087           |
| Title           | MGR                      |
| Name            | SERDULA, ANTHONY         |
| Address         | 800 VALLEY PLAZA, STE. 8 |
| City-State-Zip: | JOHNSON CITY NY 13790    |
| Title           | OTHER, SECRETARY, AP     |
| Name            | MCCONNELL, JENNIFER      |
| Address         | 2400 YORKMONT RD.        |
| City-State-Zip: | CHARLOTTE NC 28217       |

|                 |                          |
|-----------------|--------------------------|
| Title           | OAS                      |
| Name            | ROSSITCH, RICHARD        |
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| City-State-Zip: | CHARLOTTE NC 28217       |
| Title           | AP                       |
| Name            | HARJES, HEATHER          |
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| Name            | SERDULA, ANTHONY         |
| Address         | 800 VALLEY PLAZA, STE. 8 |
| City-State-Zip: | JOHNSON CITY NY 13790    |

*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:** JENNIFER MCCONNELL**EXE VP, GC AND  
SECRETARY****03/29/2022**

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Electronic Signature of Signing Authorized Person(s) Detail

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Date