


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000060908</b> 1. Entity Name <b>ANCHOR RODE CONSULTING, LIMITED LIABILITY COMPANY</b>	
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Principal Place of Business <b>4789 ALBERTON COURT #3203 PO BOX 111467 NAPLES, FL 34108-0125 US</b>	Mailing Address <b>PO BOX 111467 NAPLES, FL 34108-0125</b>
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**DO NOT WRITE IN THIS SPACE**



04302007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-3172620</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LEWIS, DENISE E  
4789 ALBERTON COURT #3203  
PO BOX 111467  
NAPLES, FL 34108-0125**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LEWIS, DENISE E 4789 ALBERTON COURT #3203 NAPLES, FL 34105</b>
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05/21/07-80001-019 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4/30/07 239-263-0677**  
Date Daytime Phone #