

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

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



04302007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3172620	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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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	MGRM LEWIS, DENISE E 4789 ALBERTON COURT #3203 NAPLES, FL 34105
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05/21/07-80001-019 50.00

**DO NOT WRITE
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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 #