#### 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.

CEO

SIGNATURE: DENISE E LEWIS

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

### Authorized Person(s) Detail :

Title MGRM LEWIS, DENISE E Name 4789 ALBERTON COURT #3203 Address City-State-Zip: NAPLES FL 34105

#### DOCUMENT# L05000060908

Entity Name: ANCHOR RODE CONSULTING, LIMITED LIABILITY COMPANY

#### **Current Principal Place of Business:**

4789 ALBERTON COURT #3203 NAPLES, FL 34105

#### **Current Mailing Address:**

PO BOX 111467 NAPLES, FL 34108 US

# FEI Number: 20-3172620

Name and Address of Current Registered Agent:

LEWIS, DENISE ECEO 4789 ALBERTON COURT #3203 NAPLES, FL 34105 US

Certificate of Status Desired: Yes

Date

03/20/2014

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 20, 2014 Secretary of State CC6582973234