

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000104838

**Entity Name:** DROPPED ANCHOR LLC

**Current Principal Place of Business:**

3352 SE FAIRWAY WEST  
STUART, FL 34997

**Current Mailing Address:**

3352 SE FAIRWAY WEST  
STUART, FL 34997

**FEI Number:** 26-1273571

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHISHOLM, JUDY A  
3352 SE FAIRWAY WEST  
STUART, FL 34997 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 MGRM  
Name CHISHOLM, JUDY A  
Address 3352 SE FAIRWAY WEST  
City-State-Zip: STUART FL 34997

Title MGRM  
Name CHISHOLM, JAMES A  
Address 3352 SE FAIRWAY WEST  
City-State-Zip: STUART FL 34997

*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:** JUDY A. CHISHOLM

**REGISTERED AGENT**

**01/08/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date