

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000113644

**Entity Name:** ANCHOR RIDGE, LLC

**Current Principal Place of Business:**

4301 ANCHOR PLAZA PARKWAY, STE 400  
TAMPA, FL 33634

**Current Mailing Address:**

C/O CUSHMAN WAKEFIELD  
200 N. FRANKLIN STREET SUITE 3300  
TAMPA, FL 33602 US

**FEI Number:** 74-3240700

**Certificate of Status Desired:** No

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

HENDEE, BRETT ESQ  
1700 S. MACDILL AVE  
SUITE 200  
TAMPA, FL 33629 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 MGR  
Name ANCHOR RIDGE MANAGEMENT, LLC  
Address 4301 ANCHOR PLAZA PARKWAY, STE  
400  
City-State-Zip: TAMPA FL 33634

*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:** BRUCE LAUER

**MANAGER**

**04/04/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date