

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119030

Entity Name: ANCHOR RIDGE MANAGEMENT, LLC**Current Principal Place of Business:**200 N. FRANKLIN STREET
SUITE 3300
TAMPA, FL 33602**Current Mailing Address:**BRUCE LAUER C/O CUSHMAN WAKEFIELD
200 N. FRANKLIN STREET SUITE 3300
TAMPA, FL 33602 US**FEI Number:** 27-0919864**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HENDEE, MCKERNAN, SCHROEDER, WILKERSON & HENDEE, PA
1700 SOUTH MACDILL AVENUE, STE 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:** MATTHEW R SCHROEDER

04/06/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	LAUER, BRUCE
Address	200 N. FRANKLIN STREET SUITE 3300
City-State-Zip:	TAMPA FL 33602

Title	VP, SECRETARY
Name	TAYLOR, MARINA C
Address	PO BOX 2050
City-State-Zip:	LECANTO FL 34460

Title	PRESIDENT
Name	CAPPUCCILLI, JOSEPH G
Address	PO BOX 2050
City-State-Zip:	LECANTO FL 34460
Title	TREASURER
Name	RIEGLER, G. MICHAEL
Address	PO BOX 2050
City-State-Zip:	LECANTO FL 34460

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: F BRUCE LAUER

MANAGER

04/06/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date