**2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED**
**Aug 23, 2016**
**Secretary of State**
**CC9844813960**

DOCUMENT# L14000042491

**Entity Name:** ANCHOR ASSESSMENTS, LLC

**Current Principal Place of Business:**

1455 SW EGRET WAY
PALM CITY, FL 34990

**Current Mailing Address:**

1455 SW EGRET WAY
PALM CITY, FL 34990

**FEI Number: 46-5087320**

**Certificate of Status Desired:** Yes

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

GREGORY, ARNOLD T
1455 SW EGRET WAY
PALM CITY, FL 34990 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 | OWNER | Title | OWNER |
| Name | ARNOLD, GREGORY T | Name | DOUGLAS, JAMES W |
| Address | 1455 SW EGRET WAY | Address | 5537 SE HAMMOCK RESERVE TERRACE |
| City-State-Zip: | PALM CITY FL 34990 | City-State-Zip: | HOBE SOUND FL 33455 |

*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: GREGORY T. ARNOLD OWNER 08/23/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date