

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000053471

**Entity Name:** ANCHOR OF LIGHT THERAPY, LLC

**Current Principal Place of Business:**

100 E SYBELIA AVE  
STE 380  
MAITLAND, FL 32751

**Current Mailing Address:**

100 E SYBELIA AVE  
STE 380  
MAITLAND, FL 32751 US

**FEI Number:** 82-0781288

**Certificate of Status Desired:** No

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

FOUQUET, CANDACE  
100 E SYBELIA AVE  
STE 380  
MAITLAND, FL 32751 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 AP  
Name FOUQUET, CANDACE  
Address 100 E SYBELIA AVE STE 380  
City-State-Zip: MAITLAND FL 32751

*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:** CANDACE FOUQUET

AP, OWNER

04/03/2018

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

\_\_\_\_\_  
Date