

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90041 018 ***138.75

DOCUMENT # L01000019619

1. Entity Name
ANCHOR CONSTRUCTION MANAGEMENT SERVICES, LLC



Principal Place of Business
**809 SOUTH SAFFORD STREET, UNIT B
TARPON SPRINGS, FL 34689**

Mailing Address
**POST OFFICE BOX 2208
TARPON SPRINGS, FL 34688-2208**

000100009



2. Principal Place of Business - No P.O. Box #

809 South Safford Ave

3. Mailing Address

Suite, Apt. #, etc.

Unit B

City & State

Tarpon Springs, FL

City & State

Zip

34689

Country

Country

02042008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

03-0392923

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROUTZOUKAS, JAMES
809 SOUTH SAFFORD AVE
TARPON SPRINGS, FL 34689**

7. Name and Address of New Registered Agent

Name **James Boutzoukas**
Street Address (P.O. Box Number is Not Acceptable)
809 South Safford Avenue

City **Tarpon Springs FL** Zip Code **34689**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-12-08

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **KOKKINOS, NICK**
STREET ADDRESS **716 VIRGINIA AVENUE**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **MGR** ☐ Delete
NAME **BOUTZOUKAS, JAMES**
STREET ADDRESS **1761 ROYAL OAK PLACE WEST**
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Mgr Member

2-12-08 727 945-8498

Date

Daytime Phone #