


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90042 008 ****50.00

DOCUMENT # L03000011901	
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1. Entity Name
ANCHOR TECHNOLOGY, LLC

Principal Place of Business 2401 PGA BLVD STE. 272 PALM BEACH GARDENS, FL 33410	Mailing Address 2401 PGA BLVD STE. 272 PALM BEACH GARDENS, FL 33410
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2. Principal Place of Business 1303 GREENE AVE. Suite, Apt. #, etc. SUITE 402 City & State MONTREAL QUEBEC Zip H3Z2A7 Country CANADA	3. Mailing Address 1303 GREENE AVE. Suite, Apt. #, etc. SUITE 402 City & State MONTREAL, QUEBEC Zip H3Z2A7 Country CANADA
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04192004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0704027	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SHAPIRO, ROBERT LEE
2401 PGA BLVD STE. 272
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent
Name
BRAHM D. LEVINE
Street Address (P.O. Box Number is Not Acceptable)
515 N. FLAGLER DR., #300-P
City
WEST PALM BEACH FL Zip Code
33401

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)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

21/04/04 514-933-4711