

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90040 048 ****50.00

DOCUMENT # L03000011901

1. Entity Name
ANCHOR TECHNOLOGY, LLC



Principal Place of Business
1303 GRENE AVE #402
MONTREAL QUEBEC H3Z2A7
CANADA, XX

Mailing Address
1303 GRENE AVE #402
MONTREAL QUEBEC H3Z2A7
CANADA, XX

60000000



2. Principal Place of Business
1303 GREENE AVE.

3. Mailing Address
1303 GREENE AVE.

Suite, Apt. #, etc.
#402

Suite, Apt. #, etc.
#402

04192005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
20-0704027

Applied For
Not Applicable

Zip Country
CANADA

Zip Country
CANADA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVINE, BRAHM D
515 N. FLAGLER DR, #300-P
WEST PALM BEACH, FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME
MGRM YAFEE, ELI ☐ Delete
STREET ADDRESS
1303 GREENE AVE SUITE 402
CITY-ST-ZIP
MONTREAL, QUEBEC, h3z 2a7

TITLE NAME
ELI YAFEE ☒ Change ☐ Addition
STREET ADDRESS
1303 GREENE AVE. SUITE 402
CITY-ST-ZIP
MONTREAL, QUEBEC H3Z2A7

TITLE NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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TITLE NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

Date

Daytime Phone #

25/04/05 504-933-474