2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# L04000012746

Entity Name: ANKOR, LLC

Current Principal Place of Business:

4503 NORTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

4503 NORTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-2481518 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, CYNTHIA G
4503 NORTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	(X) Delete
Name:	PHYLLIS H. JOHNSON, AS TRUSTEE ETC.	
Address:	130 BRIDLEWOOD LANE	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	MGRM	( ) Delete
Name:	CYNTHIA G. JOHNSON, AS TRUSTEE ETC.	
Address:	4503 NORTH ORANGE BLOSSOM TRAIL	
City-St-Zip:	ORLANDO, FL 32804	
Title:	MGRM	( ) Delete
Name:	JAY H. JOHNSON, AS TRUSTEE ETC.	
Address:	4503 NORTH ORANGE BLOSSOM TRAIL	
City-St-Zip:	ORLANDO, FL 32804	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CYNTHIA JOHNSON MGRM 04/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date