

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088554

FILED
Mar 21, 2009
Secretary of State

Entity Name: ANCHOR CHRIS HOEL INSURANCE LLC

Current Principal Place of Business:

401 W 14TH ST
STE 4
LYNN HAVEN, FL 32444 US

New Principal Place of Business:

Current Mailing Address:

401 W 14TH ST
STE 4
LYNN HAVEN, FL 32444 US

New Mailing Address:

FEI Number: 20-2032479 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHRISTMAS, PRISCILLA A
8842 DOROTHY FARRIS ROAD
SOUTHPORT, FL 32409 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: MGR () Delete
Name: CHRISTMAS, PRISCILLA A
Address: 8842 DOROTHY FARRIS ROAD
City-St-Zip: SOUTHPORT, FL 32409 US

Title: MGR () Delete
Name: HOELZER, LUCILLE S
Address: 6511 PINETREE AVENUE
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

ADDITIONS/CHANGES:

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: LUCILLE HOELZER MGR 03/21/2009

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