

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088554

**FILED**  
**Apr 12, 2011**  
**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  
Name: CHRISTMAS, PRISCILLA A  
Address: 8842 DOROTHY FARRIS ROAD  
City-St-Zip: SOUTHPORT, FL 32409 US

Title: MGR  
Name: HOELZER, LUCILLE S  
Address: 4058 BRYAN STREET  
City-St-Zip: GREENWOOD, FL 32443 US

I hereby 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      04/12/2011

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