

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000016396

1. Entity Name  
ANCHOR 2737 CAPITAL CIRCLE, LLC



Principal Place of Business  
2734 CAPITAL CIRCLE NE.  
TALLAHASSEE, FL 32308

Mailing Address  
PO BOX 250  
APALACHICOLA, FL 32329

BK

**FILED**  
07 APR 18 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04112007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-4310603

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MONDO, OLIVER  
82 6TH STREET  
APALACHICOLA, FL 32320

7. Name and Address of New Registered Agent

Name OLIVIER MONOD

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

82 SIXTH STREET

City APALACHICOLA

FL

Zip Code

32320

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 fee if applicable.

OLIVIER MONOD

(NOTE: Registered Agent signature required when reinstating)

4/16/17

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

BK

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME KORFANTY, CATHERINE E ☐ Delete  
STREET ADDRESS 2104 NAPOLEON BONAPARTE  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE MGRM  
NAME DUCIMETIERE-MONOD, OLIVIER ☐ Delete  
STREET ADDRESS P.O. BOX 250  
CITY-ST-ZIP APALACHICOLA, FL 32329

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition  
NAME KORFANTY, CATHERINE E.  
STREET ADDRESS 15015 FRIENDSHIP LANE  
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE ☐ Change ☐ Addition  
NAME 200098317342  
STREET ADDRESS 04/24/07--01054--011 \*\*50.00  
CITY-ST-ZIP

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

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

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

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

9. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

OLIVIER DUCIMETIERE-MONOD 4/16/17 850.899.7999