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DOCUMENT # L9400000556										·			2	
ANCOR LIMITED LIABILITY COMPANY							FILED							
Principal Plac	e of Business	Mailing	Address							OI FEB	14 PM	4: 24		
7633 CONROY ORLANDO FL	WINDERMERE RD.	P.O. BOX 2420 WINDERMERE FL 32835				_SECRETARY OF STATE								
UNDANDO IL	32003			-			 		AT. Harina ina	LLAHA!	SSEE EI	ORIDA-		
2 Principal P	lace of Business	3 Mailir	ng Address											
		Po. Box 2281												
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							DO NOT V	VRITE IN THIS			_	
City & State)	City & State WINDERMERE F			F.C.			4. FEI Number 59-3227147			Applied For Not Applicable			
′ Zip!—*==	-Country =	34786			Country = -		5. Certificate of Status Desired			\$5.00 Additional Fee Required				
	6. Name and Address of Current					7. Name and Address of New Registered Agent							7	
VAN TONDER, CORNELIUS						Name								
3418 S. A	3418 S. APOPKA - VINELAND RD.					t Address (P.O. Box Number is Not Acceptable)						_		
ORLANSO	ORLANSO FL 32835												4	
					City					F	Zip Co		4	
8. The above	named entity submits this statement fo	r the purpo	se of changing its	register	ed office o	r register	ed agent, o	or both, in	the State o	f Florida.				
SIGNATURE	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
FILE NOW!!! FEE IS \$50:00														
			Make Check Pa											
9.	MANAGING MEMBI	RS/MEME	BERS	10.					ADDITIO	NS/CHANGE			₌ ا	
TITLE NAME	M VAN TONDER, CORNELIÚS		Delete	TITL NAM			_				⊠ . Change	Addition	1 5	
STREET ADORESS	P.O. BOX 2420 WINDERMERE FL 34786				EET ADDRESS '-ST-ZIP	Po.	Box	228	(5, 3	4786			000	
TITLE	M		☐ Delete	TITL		Will	DEKT		1014		Change	Addition	<u>°</u>	
NAME STREET ADDRESS	VAN TONDER, CORNELIUS JR. P.O. BOX 2420			NAM STRI	ie Eet address	Po	Box	2281						
CITY-ST-ZIP	WINDERMERE FL 34786			CITY	-ST-ZIP	اری،	NPER	rele	FL 3	34786			4	
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NAME ' STREET ADDRESS			٠	NAN Str	ae Eet address									
CiTY-ST-ZIP	matification in formation and the state of t	this file +	does not excellent		r-ST-ZIP	tod in C	action 110	17(2)(i) F	Iorida Statu	tes I further o	artify that the	information	\dashv	
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.														
SIGNAT	URE: SIGNAT	CVAN	TONOCR	<u> </u>	D			2/1	1/01	4	07-44	48 - 940	3 0	
	SIGNATURE AND TYPED OR PRINTED NAME O	F SIGNING MA	ANAGING MEMBER, MAI	NAGER, OF	RAUTHORIZE	D REPRESE	NTATIVE	7	Date		Daytime Phone #	_		