

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000011437

**Entity Name:** GOLDEN ANCHOR L.C.

**Current Principal Place of Business:**

1001 E. ATLANTIC AVE  
SUITE 202  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

1000 MARKET STREET  
SUITE 300  
PORTSMOUTH, NH 03801 US

**FEI Number:** 65-1047999

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name WALSH, MICHAEL P  
Address 1001 E. ATLANTIC AVE  
SUITE 202  
City-State-Zip: DELRAY BEACH FL 33483

Title MGR  
Name WALSH, MARK  
Address 1001 E. ATLANTIC AVE  
SUITE 202  
City-State-Zip: DELRAY BEACH FL 33483

Title MGR  
Name WALSH, WILLIAM  
Address 1000 MARKET STREET, SUITE 300  
City-State-Zip: PORTSMOUTH NH 03801

Title MGR  
Name ADE, RICHARD  
Address 1000 MARKET STREET, SUITE 300  
City-State-Zip: PORTSMOUTH NH 03801

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RICHARD ADE

**MANAGER**

**02/06/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date