2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2016
Secretary of State
CC2367208939

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Entity Name: ANCHOR CHRIS HOEL INSURANCE LLC

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 20-2032479

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHRISTMAS, PRISCILLA A
8842 DOROTHY FARRIS ROAD
SOUTHPORT, FL 32409 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	Title	MGR
Name	CHRISTMAS, PRISCILLA A	Name	HOELZER, LUCILLE S
Address	8842 DOROTHY FARRIS ROAD	Address	4058 BRYAN STREET
City-State-Zip:	SOUTHPORT FL 32409	City-State-Zip:	GREENWOOD FL 32443

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: LUCILLE HOELZER MGR 04/25/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date