

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088554

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
Name CHRISTMAS, PRISCILLA A
Address 8842 DOROTHY FARRIS ROAD
City-State-Zip: SOUTHPORT FL 32409

Title MGR
Name HOELZER, LUCILLE S
Address 4058 BRYAN STREET
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

04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date